

CHILD(REN) NAME (S)

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495

2). What do you feel needs to happen to keep the children safe?
[REDACTED] needs to be spoken to in a neutral setting.

3). What would you say is going well with the family.
Unknown

VICTIM(S) :

OTHER CHILDREN IN HOME: None

OTHER CHILDREN NOT IN HOME: None

HOME ADDRESS: [REDACTED]

LOCATION OF INCIDENT: [REDACTED]

NAME OF SCHOOL: Unknown

DETERMINED RESPONSE BY: [REDACTED]

BACKGROUND CHECKS:

Referral History: # of closed priors: 2
Investigated by: Orange Co. Closed: 10/01/2013, Allegations: Physical Abuse, Dispo:
Unfounded
Case History: None

Superior Court Records: No criminal convictions found for [REDACTED]. Further confirmation is needed through the Criminal Records Desk to insure that this information is accurate and that there is no additional criminal record.

CROSS REPORT

CWS: Date/Time: , County: , Screener: , Ref #:

L.E.:

D.A.:

CCL:

CSEC:

NOTIFICATIONS: None

REPORTING PARTY INFORMATION: ***CONFIDENTIAL***

CALLER REFERRED TO: None
LAW ENFORCEMENT AGENCY

POLICE REPORT NUMBER

CHILD(REN) NAME (S)

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495

HOME ADDRESS

PHONE NUMBER

ADDRESS COMMENTS

CURRENT LOCATION OF CHILD(REN)

VICTIM INFORMATION

NAME			AKA (if applicable)			SOCIAL SECURITY #
DOB	AGE	AGE CODE Year(s)	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY
						Not Asked

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)

Physical Abuse

ALLEGED PERPETRATOR NAME

CASE WORKER NAME (FOR OPEN CASE)

PHONE # (FOR OPEN CASE)

CASELOAD #

NAME

AKA (if applicable)

SOCIAL SECURITY #

DOB

AGE

AGE CODE

SEX

ETHNICITY

LANGUAGE

ICWA ELIGIBILITY

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)

Physical Abuse

ALLEGED PERPETRATOR NAME

CASE WORKER NAME (FOR OPEN CASE)

PHONE # (FOR OPEN CASE)

CASELOAD #

CHILD(RENS) NAME (S)

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495**OTHERS IN THE HOME**

NAME		AKA (If applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE
ROLE	FOR/TO		
Mother (Birth)			
Mother (Birth)			
CASE WORKER NAME	PHONE #	CASELOAD #	

OTHERS NOT IN THE HOME

NAME		AKA (If applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE
ROLE	FOR/TO		
Father (Alleged)			
Father (Birth)			
ADDRESS	PRIMARY PHONE		
CASE WORKER NAME	PHONE #	CASELOAD #	

COLLATERAL INFORMATION

NAME			
ROLE	FOR/TO		
ADDRESS	PRIMARY PHONE		
CONTACT DATE	CONTACT METHOD	DESCRIPTION	

CHILD(RENS) NAME (S)

CHILD I.D.#
0439-8207-0641-6054804
1637-0430-6545-6041495**CROSS REPORT INFORMATION**

AGENCY	OFFICIAL CONTACTED	TITLE	
ADDRESS		PHONE NUMBER	BADGE NO.
CROSS REPORTED BY		DATE & TIME OF REPORT	

REFERRAL HISTORY

REFERRAL ID 1409-5348-5528-1025626	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 09/16/2013
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 0265-5685-7201-6041495	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 03/13/2012
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 1547-2635-0269-1018705	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 10/22/1999
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 0888-7456-9918-9025626	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 08/18/2017
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 1409-5348-5528-1025626	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 09/16/2013
ALLEGATION TYPE Physical Abuse	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 0265-5685-7201-6041495	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 03/13/2012
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION Unfounded		

CHILD(REN) NAME (S)

[REDACTED]

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0265-5685-7201-6041495	[REDACTED]	Perpetrator	03/13/2012
ALLEGATION TYPE General Neglect At Risk, sibling abused	ALLEGATION DISPOSITION Unfounded Unfounded		

REPORTER INFORMATION

NAME	AGENCY OR ORGANIZATION	RELATIONSHIP
ADDRESS	[REDACTED]	PRIMARY PHONE
		SECONDARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

[REDACTED] ANONYMOUS REPORTER

[REDACTED] MANDATED REPORTER

[REDACTED] FAMILY INFORMED

[REDACTED] APPLICATION FOR PETITION

[REDACTED] CONFIDENTIALITY WAIVED

[REDACTED] FEEDBACK REQUIRED

NAME OF AGENCY:	Riverside County D.	DEPARTMENT:	West Corridor
STREET ADDRESS:			
CITY AND ZIP CODE:			
NAME OF SOCIAL WORKER:	CASE LOAD ID:	TELEPHONE:	
EMERGENCY RESPONSE NOTICE OF REFERRAL DISPOSITION			
NAME OF CHILD(REN):		CHILD ID NUMBER:	
		0439-8207-0641-6054804	
		1637-0430-6545-6041495	
		REFERRAL NUMBER:	
		0238-8219-1038-9045700	

The above named family or child was referred by you to this agency for Emergency Response Intervention on: 08/18/2017

The result of the initial Emergency Response Intervention is:

- Does not meet the State requirements for intervention
- Allegations appear to be unfounded - case closed
- Allegations cannot be substantiated - case closed
- Situation stabilized - case closed
- Family has agreed to voluntary Social Services
- Case open for service
- Referred to community agency
- Referred to Juvenile Court for Investigation

(Worker)

(Phone #)

(Agency Name)

(Agency Phone #)

COMMENTS:

8/13/17
(Date)

(Caseload Number)

CSSW V

(Title)

(Telephone Number)

[REDACTED] # 17-9504
Crime: 273a P.C.
Victim ID#: VM01
Date: August 24, 2017

CONFIDENTIAL

VICTIMS OF SEX CRIMES Acknowledgment of California Penal Code Section 293 (a) Notification / Request for Confidentiality of Information

Victim Advisement

Pursuant to California Penal Code Section 293 (a) and California Government Code Section 6254, you are informed that your name will be a matter of public record unless you request that it not become a matter of public record.

I have been informed of the above right to privacy sections.

(Signature) _____ Parent/Guardian

(Check One)

Victim's Statement

I hereby elect to exercise my right to privacy, pursuant to California Government Code Section 6254 and 293 (a) P.C.

I do not elect to exercise my right to privacy and understand that my name will become a matter of public record and may become available for publication.

Victim Name: [REDACTED] Date of Birth: [REDACTED]
(Print Full Name)

Home Address: [REDACTED]

Home Phone Number: [REDACTED] Work Number: N/A

Cellular Telephone # [REDACTED] Mother's: [REDACTED]

Employer: [REDACTED]

Work Address: [REDACTED]

Race: [REDACTED] Sex: [REDACTED] Height: [REDACTED] Weight: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED]

Reporting Officer: [REDACTED] ID# [REDACTED]

This form must be attached to all reports relating to the following California Penal code Sections: 220, 243.4, all 261 reports, 262, 264, 264.1, 265, 266, 267, 269, 285, 286, all 288 reports, 289, 314, 647.6 and all incident reports involving suspected or possible sexual abuse. Not for domestic violence, unless sex crime involved.

Initial
 Supplemental

<input type="checkbox"/> Arrest <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Unknown Suspect <input checked="" type="checkbox"/> Property/Evidence		<input type="checkbox"/> Additional Person/Vehicle <input checked="" type="checkbox"/> Narrative <input checked="" type="checkbox"/> 293(a) PC Advisement		
# 17-9504				
Related Report(s) CPS#0888-7456-9918-9025626				
BCS Code(s) 200401				
BCS Code(s) 01				
Business Name <input checked="" type="checkbox"/> Victim <input checked="" type="checkbox"/> N/A				
Reported Date/Time: August 24, 2017 / 1233 Hours				
Case Status: 1 If Cleared - Code:				
VM = Victim RP = Reporting Party / Informant WT = Witness OT = Other SU = Suspect				
OT01	Name (L, F, M) [REDACTED] DOB/Age [REDACTED] Occupation [REDACTED] Residence Address [REDACTED] City [REDACTED] Zip [REDACTED] Business <input type="checkbox"/> Same as Residence [REDACTED] City [REDACTED] Zip [REDACTED]			
Sex	Race	Height	Weight	
Build	Hair	Eyes	Social Security #	
Clothing:				Email
WT01	Name (L, F, M) [REDACTED] DOB/Age [REDACTED] Occupation [REDACTED] Residence Address [REDACTED] City [REDACTED] Zip [REDACTED] Business <input type="checkbox"/> Same as Residence [REDACTED] City [REDACTED] Zip [REDACTED]			
Sex	Race	Height	Weight	
Build	Hair	Eyes	Social Security #	
Clothing:				Email
Vehicle Description License <input type="checkbox"/> State <input type="checkbox"/> Year <input type="checkbox"/> Victim's Vehicle <input type="checkbox"/> Unique Characteristics <input type="checkbox"/> Description of Damage				<input type="checkbox"/> Suspect's Vehicle <input checked="" type="checkbox"/> N/A
Property Loss		Property Damage		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes / Value \$ [REDACTED]		<input type="checkbox"/> No <input type="checkbox"/> Yes / Describe: [REDACTED]		
Video		Type		
<input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Body Camera <input type="checkbox"/> Dash Camera (Include Unit #) 79271		<input type="checkbox"/> Other Video		
<input type="checkbox"/> Additional Officer Video (List Officers and/or Unit #)				
Use of Force		Hospitalization / Death		Officer Injured?
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Officer ID# / Name		Reviewed ID# / Name		
Form # 04-001 (2016.05.16)		RMS Entry [REDACTED] CLETS/NCIC		
Copies: <input type="checkbox"/> DA/PD <input type="checkbox"/> Vic/Wit <input type="checkbox"/> Prop <input type="checkbox"/> Officer/Det: <input type="checkbox"/> Risk Mgmt <input type="checkbox"/> Ops <input type="checkbox"/> P&T <input type="checkbox"/> Other:		Routed By:		

Premises	Q 1	Point of Entr.	Q 2	Property Taken	Q 4	Evidence	Q 7	Special Crimes	Q 10	
Business		1 Front 2 Rear 3 Side 4 North 5 South 6 East 7 West 8 Window 9 Door 10 Sliding Glass Door 11 Basement 12 Roof 13 Floor 14 Wall 15 Duct/Vent 16 Garage 17 Adjacent Building 18 Ground Level 19 Upper Level 20 Other		1 Cash/Notes 2 Jewelry/Metals 3 Clothing/Furs 4 Office Equip. 5 TV/Camera/Stereo 6 Firearms 7 Household Goods 8 Consumable Goods 9 Livestock 10 Miscellaneous 11 Car Radio/Speakers 12 Narcotics/Drugs 13 Tools 14 Checks 15 ID Documents 16 Other		1 Blood 2 Bullet Casings 3 Clothes 4 Fingerprints 5 Footprints 6 Hair/Fibers 7 Other Prints 8 Paint 9 Photographs 10 Rape Kit 11 Semen 12 Stains 13 Tools 14 Tool Marks 15 Vehicle 16 Weapon(s) 17 Urine 18 Breath 19 Other		1 Gang Related 777777 2 Hate Crime 888888		
Residence		Method of Entry	Q 3		Victim Rel/Susp	Q 5	Solvability Factors	Q 8	Tattoos/Scars/Marks	Q 19
		1 Open/Unlocked 2 Attempt Only 3 Bodily Force 4 Bolt Cutters 5 Pliers/Wrench 6 Saw/Drill/Burn 7 Screwdriver 8 Tire Iron 9 Unknown Pry Bar 10 Coat Hanger/Wire 11 Key 12 Punch 13 Remove Louvers 14 Window Smash 15 Window Forced 16 Brick/Rock 17 Hid in Building 18 Lock Box 19 Door/Lock Forced 20 Trunk Forced 21 Other		1 Husband 2 Wife 3 Mother 4 Father 5 Step 6 Daughter 7 Son 8 Brother 9 Sister 10 Other Family Member 11 Acquaintance 12 Friend 13 Boyfriend 14 Girlfriend 15 Neighbor 16 Business Associate 17 Student 18 Teacher 19 Stranger 20 Other		1 Will Not Prosecute 2 There Is a Witness 3 Suspect Arrested 4 Suspect Named 5 Suspect Described 6 Suspect Can Be ID'd 7 Susp Can be Found 8 Susp Veh Can be ID'd 9 Identifiable 496 PC 10 Good Physical Evidence 11 Significant MO		1 Head: 2 Face: 3 Neck: 4 Back: 5 Chest: 6 Stomach: 7 Right Arm: 8 Left Arm: 9 Right Leg: 10 Left Leg: 11 Right Hand: 12 Left Hand: 13 Other:		
Public					Victim Conditions	Q 6	Vehicle Type	Q 9		
					1 Under Influence 2 Sick/Injured 3 Senior Citizen 4 Blind 5 Handicapped 6 Deaf 7 Mute 8 Mentally Impaired 9 Other		1 Passenger Car 2 Motorcycle/Moped 3 Pickup Truck 4 Trailer 5 Truck 6 Van 7 Camper 8 Motor Home 9 Other			
<p>Summary / Narrative: Father [REDACTED] alleged to have used zip ties on his [REDACTED] son's wrists and ankles and submerged him in a bathtub full of water.</p> <p>THIS IS A TRUE COPY 2019.06.15</p>										

SUSPECT

ARREST

AR # (Booking #)	Re Other Reports		Victim: <input checked="" type="checkbox"/> State of California <input type="checkbox"/> City of Corona	# 17-9504				
Name (Last, First, Middle)	Age	D.O.B.	Occupation					
AKA'S None	Tattoos / Scars None							
Residence Address	Apartment #	City / State	Zip Code	Phone #				
Business Name / Address		City / State	Zip Code	Phone #				
Sex	Race	Height	Weight	Build	Hair	Eyes	Clothing	
Driver's License #	State	Social Security #			Place of Birth			
Vehicle License # N/A	State	Year	Make	Model	Body Style	Color		
Disposition of Vehicle <input type="checkbox"/> Left Parked At Scene <input checked="" type="checkbox"/> NA	Release at Scene <input type="checkbox"/> NA			Impounded Vehicle Stored At: NA				
Date / Time of Arrest	Arresting Officer (Name / ID)			Location of Arrest				
Date / Time / Booking Officer				Date / Time / Searched				
<input type="checkbox"/> Belt <input type="checkbox"/> Cigarette <input type="checkbox"/> Address Book <input type="checkbox"/> Billfold <input type="checkbox"/> Brush <input type="checkbox"/> Medicine <input type="checkbox"/> Purse <input type="checkbox"/> Comb <input type="checkbox"/> Lighter <input type="checkbox"/> Wallet <input type="checkbox"/> Make-up <input type="checkbox"/> Credit Cards <input type="checkbox"/> Knife <input type="checkbox"/> Keys <input type="checkbox"/> Additional Prop (Car, Rpt)				Jewelry / Money / Other: ***N/A***				
Property Inventory By:	Verified By:	Property Location	Cell #	Prisoner's Signature				
Code of Violation 273a P.C.	MISD/FEL	Counts 1	Description / Warrant # Child Abuse			BCS Code # 200401		
Arrest: <input checked="" type="checkbox"/> Booked at CRP <input type="checkbox"/> RCJ <input type="checkbox"/> Bailed <input type="checkbox"/> 849b PC <input type="checkbox"/> 853.6 PC <input type="checkbox"/> Other				Cite #				
Prisoner Released By:	Property Released By:			Cite Date:				
Date / Time:	Date / Time:							
Received of Chief of Police and Jailer								
All Property and Money Belonging to Me. (Prisoner's Signature)								
Narrative:								
Signature of Arresting Officer / ID #		Reviewed by Name / ID #			Case Status	If Cleared - Code		
Form SUSPECT	Copies to:	<input type="checkbox"/> DET <input type="checkbox"/> DA	<input type="checkbox"/> Traff <input type="checkbox"/> DOJ	<input type="checkbox"/> Property <input type="checkbox"/> Crime Prev	<input type="checkbox"/> Officer: <input type="checkbox"/> Other:	Routed By:	RMS Clets/NCIC	

Q20 HAIR LENGTH	Q25 FACIAL HAIR	Q30 TEETH	Q34 MODIUS OPERANDA
1 <input type="checkbox"/> Bald 2 <input type="checkbox"/> Collar 3 <input type="checkbox"/> Receding 4 <input type="checkbox"/> Shaved 5 <input checked="" type="checkbox"/> Short 6 <input type="checkbox"/> Shoulder 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Beard - Scraggly 2 <input type="checkbox"/> Beard - Short 3 <input type="checkbox"/> Beard - Full 4 <input checked="" type="checkbox"/> Clean Shaven 5. <input type="checkbox"/> Fumanchu 6. <input type="checkbox"/> Goatee 7. <input type="checkbox"/> Mustache - Thin 8. <input type="checkbox"/> Mustache - Thick 9. <input type="checkbox"/> Side Burns 10. <input type="checkbox"/> Unshaven 11. <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Braces 2 <input type="checkbox"/> Bucked 3 <input type="checkbox"/> Chipped 4 <input type="checkbox"/> Crooked 5 <input type="checkbox"/> Gaps Between 6 <input type="checkbox"/> Gold/Silver Capped 7 <input type="checkbox"/> Jewel Studded 8 <input type="checkbox"/> Missing 9 <input type="checkbox"/> Retainer 10 <input type="checkbox"/> Stained / Decayed 11 <input type="checkbox"/> Other: _____	Suspect Pretends To Be: 1 <input type="checkbox"/> Taking a Survey 2 <input type="checkbox"/> Customer / Client Delivery 3 <input type="checkbox"/> Person 4 <input type="checkbox"/> Stranded Motorist 5 <input type="checkbox"/> Drunk Employee / Employer 6 <input type="checkbox"/> Player 7 <input type="checkbox"/> Friend / Relative 8 <input type="checkbox"/> Ill / Injured 9 <input type="checkbox"/> Needed Telephone 10 <input type="checkbox"/> Police / Law Official 11 <input type="checkbox"/> Renter 12 <input type="checkbox"/> Repair Man 13 <input type="checkbox"/> Sales - Lawful Goods 14 <input type="checkbox"/> Sales - Unlawful Goods 15 <input type="checkbox"/> Seeking Assistance 16 <input type="checkbox"/> Seeking Directions 17 <input type="checkbox"/> Seeking Someone
Q21 HAIR TYPE	Q26 COMPLEXION	Q31 UNIQUE CLOTHING	Q35 SUSPECT'S ACTIONS
1 <input type="checkbox"/> Coarse 2 <input checked="" type="checkbox"/> Fine 3 <input type="checkbox"/> Thick 4 <input type="checkbox"/> Thinning 5 <input type="checkbox"/> Wig 6 <input type="checkbox"/> Wiry 7 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Acne 2 <input type="checkbox"/> Pocked Marked 3 <input type="checkbox"/> Albino 4 <input type="checkbox"/> Dark 5 <input type="checkbox"/> Freckled 6 <input type="checkbox"/> Light / Fair 7 <input type="checkbox"/> Medium 8 <input checked="" type="checkbox"/> Olive 9 <input type="checkbox"/> Pale / Shadow 10 <input type="checkbox"/> Ruddy 11 <input type="checkbox"/> Tanned 12 <input type="checkbox"/> Weathered 13 <input type="checkbox"/> Wrinkled 14 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Baseball Cap 2 <input type="checkbox"/> Cowboy Hat 3 <input type="checkbox"/> Leather Hat 4 <input type="checkbox"/> Other Hat 5 <input type="checkbox"/> Ski Mask 6 <input type="checkbox"/> Nylon Mask 7 <input type="checkbox"/> Gloves 8 <input type="checkbox"/> Military Jacket 9 <input type="checkbox"/> Bandana 10 <input type="checkbox"/> Ski / Down Jacket 11 <input type="checkbox"/> Vest 12 <input type="checkbox"/> Levi Jacket 13 <input type="checkbox"/> Windbreaker 14 <input type="checkbox"/> Leather Jacket 15 <input type="checkbox"/> Gang Attire 16 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Climaxed 2 <input type="checkbox"/> Unknown If Climaxed 3 <input type="checkbox"/> Ties Or Blinds Victim 4 <input type="checkbox"/> Covers Victim's Face 5 <input type="checkbox"/> Photographs Victim 6 <input type="checkbox"/> Forces Oral Copulation 7 <input type="checkbox"/> Orally Copulates Victim 8 <input type="checkbox"/> Rapes With Foreign Object 9 <input type="checkbox"/> Sodomized Victim 10 <input type="checkbox"/> Suggested Lewd Act 11 <input type="checkbox"/> Inserted Finger 12 <input type="checkbox"/> Forced To Fondle 13 <input type="checkbox"/> Masturbated Self 14 <input type="checkbox"/> Rapes More Than Once 15 <input type="checkbox"/> Forces To Disrobe 16 <input type="checkbox"/> Follows Victim 17 <input type="checkbox"/> Forces Vehicle Off The Road 18 <input type="checkbox"/> Strikes Victim 19 <input type="checkbox"/> Stabs Victim 20 <input type="checkbox"/> Shoots Victim 21 <input type="checkbox"/> Fires Weapon 22 <input type="checkbox"/> Uses Demand Note 23 <input type="checkbox"/> Wears Gloves 24 <input type="checkbox"/> Hides In Bushes 25 <input type="checkbox"/> Has Accomplice(s) 26 <input type="checkbox"/> Claims An Accomplice 27 <input type="checkbox"/> Snatches Victim's Purse 28 <input type="checkbox"/> Under The Influence 29 <input type="checkbox"/> Demands / Steals Vehicle 30 <input type="checkbox"/> Demands Narcotics 31 <input type="checkbox"/> Blindfolds Victim 32 <input type="checkbox"/> Forces To Lie Down 33 <input type="checkbox"/> Forces To Rear Of Store 34 <input type="checkbox"/> Locks In Room / Office 35 <input type="checkbox"/> Kidnaps Victim 36 <input type="checkbox"/> Makes Victim Count 37 <input type="checkbox"/> Handcuffs Victim 38 <input type="checkbox"/> Tortures Victim 39 <input type="checkbox"/> Other: _____
Q22 HAIR CONDITION	Q27 GLASSES/LENSES	Q32 WEAPON	
1 <input checked="" type="checkbox"/> Clean 2 <input type="checkbox"/> Dirty 3 <input type="checkbox"/> Greasy 4 <input type="checkbox"/> Matted 5 <input type="checkbox"/> Odor 6 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Yes - Unknown Type 2 <input type="checkbox"/> Prescription 3 <input type="checkbox"/> Sun Glasses 4 <input type="checkbox"/> Wire Frames 5 <input type="checkbox"/> Plastic frames 6 <input type="checkbox"/> Lens Ornamentation 7 <input type="checkbox"/> Contact Lenses 8 <input type="checkbox"/> Frame - Gold 9 <input type="checkbox"/> Frame - Silver 10 <input type="checkbox"/> Frame - Black 11 <input type="checkbox"/> Other Frame Color 12 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Club 2 <input type="checkbox"/> Hand Gun 3 <input type="checkbox"/> Other Unknown G 4 <input type="checkbox"/> Rifle 5 <input type="checkbox"/> Shot Gun 6 <input type="checkbox"/> Toy Gun 7 <input type="checkbox"/> Simulated 8 <input type="checkbox"/> Pocket Knife 9 <input type="checkbox"/> Butcher Knife 10 <input type="checkbox"/> Other Cutting Instrument 11 <input type="checkbox"/> Hands / Feet 12 <input type="checkbox"/> Bodily Force 13 <input type="checkbox"/> Strangulation 14 <input type="checkbox"/> Tire Iron 15 <input type="checkbox"/> Vehicle 16 <input type="checkbox"/> Explosive Device 17 <input type="checkbox"/> Other: _____	
Q23 HAIR STYLE	Q28 RT / LP / HANDED	Q33 TATTOOS/MARKS/SCAR	
1 <input type="checkbox"/> Afro / Natural 2 <input type="checkbox"/> Braided 3 <input type="checkbox"/> Bushy 4 <input type="checkbox"/> Butch 5 <input type="checkbox"/> Combed Back 6 <input type="checkbox"/> Com-row 7 <input type="checkbox"/> Curlers 8 <input type="checkbox"/> Curly 9 <input type="checkbox"/> Flattop 10 <input type="checkbox"/> Military 11 <input type="checkbox"/> Mohawk 12 <input type="checkbox"/> Ponytail 13 <input type="checkbox"/> Punk 14 <input checked="" type="checkbox"/> Straight 15 <input type="checkbox"/> Styles 16 <input type="checkbox"/> Center Parted 17 <input type="checkbox"/> Left Parted 18 <input type="checkbox"/> Right Parted 19 <input type="checkbox"/> Unkept 20 <input type="checkbox"/> Wavy 21 <input type="checkbox"/> Widows Peak 22 <input type="checkbox"/> Other: _____	0 <input checked="" type="checkbox"/> Unknown 1 <input checked="" type="checkbox"/> Right-Handed 2 <input type="checkbox"/> Left-Handed	0 <input checked="" type="checkbox"/> Face 1 <input type="checkbox"/> Neck 2 <input type="checkbox"/> Arms 3 <input type="checkbox"/> Hands 4 <input type="checkbox"/> Legs 5 <input type="checkbox"/> Shoulder 6 <input type="checkbox"/> Chest 7 <input type="checkbox"/> Back 8 <input type="checkbox"/> Scar Feature 9 <input type="checkbox"/> Mark Feature 10 <input type="checkbox"/> Other: _____	
Q24 DIST. FEATURE	1 <input type="checkbox"/> Amputation 2 <input type="checkbox"/> Artificial Limb 3 <input type="checkbox"/> Caffe / Cutch 4 <input type="checkbox"/> Cast On Arm / Leg 5 <input type="checkbox"/> Crippled 6 <input type="checkbox"/> Deformed 7 <input type="checkbox"/> Growth / Mole 8 <input type="checkbox"/> Hearing Aid 9 <input type="checkbox"/> Limp 10 <input type="checkbox"/> Skin Discolored 11 <input type="checkbox"/> Spastic Movements 12 <input checked="" type="checkbox"/> Earring / Left Ear 13 <input checked="" type="checkbox"/> Earring / Right Ear 14 <input type="checkbox"/> Other: _____		

NARRATIVE CONTINUED:

Continuation Sheet

1 **INJURIES:**

2
3 At the time of my investigation I did not see any visible injuries or marks on
4 VM01.

5
6 It should be noted VM01 was born with his bladder on the outside, a condition
7 called bladder extrophy. Due to this condition, VM01 had urinary issues and
8 accidents.

9
10 **INVOLVED PERSONS:**

11
12 Father of 293a P.C.

13 Mother of 293a P.C.

14 Sister of 293a P.C.

15
16 **NOTE:**

17
18 For ease of reading, the persons mentioned in this report will be referred to by
19 their first names. Per Penal Code Section 293 (a) the victim in this report will be
20 referred as VM01. The following is a summary of the interviews I conducted. For
21 further details and more complete record of the interviews, refer to the
22 recordings.

23
24 **EVIDENCE:**

25
26 Item #GL01: One compact disc containing digital recordings of my interviews.

27
28 Item #GL02: One compact disc containing digital photographs of VM01.

29
30 **ASSISTANT PERSONNEL:**

31
32
33
34 Supp statements

35
36 **DETAILS:**

37
38 On Thursday, August 24, 2017 at approximately 1235 hours, I was dispatched to
39 [REDACTED] located in the
40 incorporated area of Riverside County regarding a call of a possible child abuse.

41
42 Upon my arrival I contacted Child Protective Services Social Worker [REDACTED]
43 The following is a summary of [REDACTED] statement. On Friday, August 18,
44 2017, [REDACTED] received a Child Protective Services cross report to [REDACTED]

Continuation Sheet

17-9504

1 The report alleged [REDACTED] zipped tied VM01's hands together behind
2 his back along with his feet. [REDACTED] then put VM01 in the bathtub and dunked his
3 head underwater. Refer to the attached copy of the cross report for further
4 details.

5
6 [REDACTED] said it appeared the reporting party [REDACTED] [REDACTED]
7 [REDACTED] On Monday, August 21, 2017, [REDACTED] contacted [REDACTED] via telephone.
8 [REDACTED] was not very cooperative and did not want to talk about what [REDACTED] had
9 alleged.

10
11 On Thursday, August 24, 2017 at approximately 1030 hours, [REDACTED] responded
12 to [REDACTED] to follow-up on this cross report. [REDACTED]
13 interviewed VM01 and [REDACTED] told me VM01 has a urinary
14 problem and went to a surgeon yesterday. VM01 told [REDACTED] He has to have a
15 "tube" due to his urinary problem.

16
17 [REDACTED] said VM01's father [REDACTED] registered VM01, and his sister [REDACTED]
18 [REDACTED] for school in June of this year. The children had been living with their
19 mother [REDACTED] in Anaheim.

20
21 During [REDACTED] interview with VM01, he told her his father zip tied his feet and
22 hands behind his back. His father then dunked him in the bathtub full of freezing
23 water. VM01 told [REDACTED] his father does this as a punishment for urinating his
24 pants.

25
26 VM01 also told [REDACTED] his father makes him eat "chocolate candies" that make him
27 defecate in the bathtub. His father then makes him clean it up with a bag. VM01
28 told [REDACTED] he has never told his mother about what his father does to him.

29
30 [REDACTED] briefly talked to [REDACTED] It should be noted [REDACTED] said [REDACTED]

31
32
33
34
35 I then contacted VM01 inside one of the offices located at the front main office of
36 the school. [REDACTED] was sitting in the room with me during the interview. The
37 following is a summary of my digitally recorded interview with VM01. I started off
38 the conversation with VM01 by talking to him about school and sports.

39
40 After several minutes of talking about school and sports, I asked VM01 if he
41 knew the difference between "telling the truth" or "telling a lie". VM01 said he did
42 and said its "being honest". I asked VM01 if I were to say I was a police officer
43 would that be a lie or the truth. It should be noted I was in a full police uniform.

Continuation Sheet

1 VM01 said I would be "telling the truth". I then picked up my sunglasses. I asked
2 VM01 if I were to say this was (point to the sunglasses) a glass of water would
3 that be a lie or the truth. VM01 said it would be a lie.

4
5 I then explained to VM01 I wanted to talk to him about what happens at home
6 with his father and the zip ties. VM01 said "he puts them on me" and then
7 "dunks" me in "underwater" because his doesn't "pee on the potty". VM01 further
8 said his dad ties the zip ties behind his back and ties his feet.
9

10 His father then puts him in "cold water" in the bathtub. VM01 said his father then
11 puts his head in the water. I asked VM01 how that makes him feel. He said it
12 makes him feel "kinda nervous" because he "doesn't" know what he is going to
13 do because he has a blindfold on.
14

15 I asked VM01 if his father puts on blindfold on him. VM01 said "sometimes". I
16 asked VM01 what his father uses as a blindfold. VM01 said "he has a blindfold
17 and he has a little tape".
18

19 I asked VM01 why his father does that. VM01 said because "he doesn't go on the
20 potty". At this point I noticed VM01's began to get watery.
21

22 At this point I decided to conclude my interview with VM01.
23

24
25
26
27
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42
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45

Continuation Sheet

1 [REDACTED]
2 [REDACTED]
3 [REDACTED]
4 [REDACTED]
5 [REDACTED]
6 [REDACTED]
7 [REDACTED]
8 [REDACTED]
9 At this point I decided to conclude my interview with [REDACTED]
10 [REDACTED]
11 A short time later [REDACTED] Detectives [REDACTED]
12 [REDACTED] arrived on scene. I briefed them on the circumstances surrounding this
13 investigation.
14 [REDACTED]
15 At about this time we were informed that VM01's parents had arrived at the front
16 office asking about their children.
17 [REDACTED]
18 It was decided [REDACTED] would interview [REDACTED] and I would
19 interview [REDACTED] (mother). Refer to [REDACTED] supplemental report
20 regarding [REDACTED] statement.
21 [REDACTED]
22 I then contacted [REDACTED] in the office. The following is a summary of my digitally
23 recorded interview with [REDACTED]. I explained to [REDACTED] I was investigating an
24 allegation of child abuse which had been reported to Child Protective Services.
25 [REDACTED]
26 [REDACTED] immediately said it was her father [REDACTED] who made the report.
27 [REDACTED] said her father does not like [REDACTED] and suspects he is making false
28 allegations. [REDACTED] said [REDACTED] is the father of both VM01 and [REDACTED]. They are not
29 married or dating. [REDACTED] said they are "co-parenting".
30 [REDACTED]
31 [REDACTED] said her father does not like [REDACTED] because [REDACTED] initially denied VM01
32 was his son. This upset [REDACTED] father. Her father has threatened to call CPS on
33 several occasions.
34 [REDACTED]
35 [REDACTED] explained her and her children (VM01 and [REDACTED]) were living with her
36 father in Anaheim. [REDACTED] was living in Menifee. [REDACTED] would see the children
37 every weekend. [REDACTED] and [REDACTED] had talked about [REDACTED] moving to Corona so
38 their children could attend better schools. It was decided [REDACTED] would move to
39 Corona and they all live together.
40 [REDACTED]
41 This upset [REDACTED] father because he is very close to his grandchildren and had
42 said he doesn't want the children living with [REDACTED]. [REDACTED] suspects this was her
43 father's motivation to call CPS. [REDACTED] said they have been living with [REDACTED] in
44 Corona since June of 2017. [REDACTED] was living on and off until the first part of
45 August of 2017.

Continuation Sheet

1 I asked [REDACTED] if her father has ever expressed any concerns about how [REDACTED]
2 treats the children. [REDACTED] said her father does not like how [REDACTED] "puts VM01 in
3 timeout when he pees his pants".

4
5 [REDACTED] explained VM01 was born with his bladder on the outside and as a result
6 has urinary problems. [REDACTED] said when VM01 urinates his pants, [REDACTED] usually
7 makes VM01 sit on his bed. [REDACTED] said this is the only form of disciplines [REDACTED]
8 does on VM01.

9
10 [REDACTED] then suddenly told me, "I know where you are getting at" [REDACTED] said
11 does not abuse VM01. [REDACTED] said she is always there and has not seen [REDACTED]
12 abuse VM01.

13
14 I asked [REDACTED] if she has ever seen [REDACTED] hit or put on zip ties on VM01.
15 [REDACTED] said no. I asked [REDACTED] if she has ever seen any injuries on VM01 or
16 [REDACTED] said no. I asked [REDACTED] if there are zip ties at the residence. [REDACTED] said there are
17 zip ties in the garage that are used for the cars.

18
19 I asked [REDACTED] if her and [REDACTED] had ever had a domestic violence incidents or
20 been abused by [REDACTED] [REDACTED] said no. I asked [REDACTED] if there were any weapons
21 in the residence and she said no.

22
23 This concluded my interview with [REDACTED]

24
25 It should be noted while at the school, [REDACTED] refused to allow police personnel
26 and CPS to his residence for a home safety inspection. [REDACTED] said he would
27 allow officers to go to his residence the next day.

28
29 On Friday, August 25, 2007 at approximately 1100 hours, I received a message
30 from [REDACTED] to call him. I called [REDACTED] and left him a message to call me. [REDACTED]
31 did not call back. At approximately 1340 hours, [REDACTED] and I responded to
32 [REDACTED] and attempted to contact [REDACTED]

33
34 I knocked on the door numerous times. It should be noted I heard a dog barking
35 from inside the apartment. The dog was barking for several minutes. I then I
36 heard what I believed were footsteps coming from inside the apartment. The
37 dog was no longer barking at this point. I believed someone was inside the
38 apartment, but just did not want to open the door. I called [REDACTED] again and left
39 him a voicemail explaining to him I was at his residence and to call me back.
40 [REDACTED] did not call back. At this point we left.

41
42 Detectives will be following up on conducting RCAT interviews. Refer to their
43 reports for additional information.

44
45 **DISPOSITION:** Open.

PROPERTY REPORT

CASE NO. 9504	
DATE OF OFFENSE: 08/24/2017	
SUSPECT LAST NAME: SUSPECT FIRST NAME:	
<input type="checkbox"/> JUVENILE	<input type="checkbox"/> SEARCH WARRANT
VICTIM: ,	
ASSOCIATED CASES	

COLLECTED BY		DATE/TIME COLLECTED	LOCATION COLLECTED	COLLECTED ADDRESS	
		08/26/2017 1233			
ITEM #	TYPE	BRAND	SERIAL NO.	TOTAL VALUE	
GL01	Evidence				
QTY.	MEASURE	PRESUMPTIVE DRUG		COLOR	
1					
CALIBER	BRL LENGTH	GUN TYPE CODE	GUN CAT CODE		
BIKE SPEED	<input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS	MODEL			
		DESCRIPTION			
		AUDIO/VIDEO/CASS/CD/DVD/TAPE) - ONE COMPACT DISC CONTAINING MY DIGITALLY RECORDED INTERVIEWS			
201707295		ADDRESS			
OWNER: ,					
COLLECTED BY		DATE/TIME COLLECTED	LOCATION COLLECTED	COLLECTED ADDRESS	
		08/24/2017 1233			
ITEM #	TYPE	BRAND	SERIAL NO.	TOTAL VALUE	
GL02	Evidence				
QTY.	MEASURE	PRESUMPTIVE DRUG		COLOR	
1					
CALIBER	BRL LENGTH	GUN TYPE CODE	GUN CAT CODE		
BIKE SPEED	<input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS	MODEL			
		DESCRIPTION			
		PHOTO(S)/DIGITAL PHOTOS - ONE COMPACT DISC CONTAINING DIGITAL PHOTOGRAPHS OF THE VICTIM			
201707296		ADDRESS			
OWNER: ,					
REPORTING OFFICER	ID#	DATE			
		08/26/2017			

2). What do you feel needs to happen to keep the children safe?
[REDACTED] needs to be spoken to in a neutral setting.

3). What would you say is going well with the family.
Unknown

VICTIM(S):
[REDACTED]

OTHER CHILDREN IN HOME: None

OTHER CHILDREN NOT IN HOME: None

HOME ADDRESS:
[REDACTED]

LOCATION OF INCIDENT:
[REDACTED]

NAME OF SCHOOL: Unknown

DETERMINED RESPONSE BY:
[REDACTED]

BACKGROUND CHECKS:

Referral History: # of closed priors: 2
Investigated by: Orange Co. Closed: 10/01/2013 Allegation: Physical Abuse, Dispo:
Unfounded
Case History: None
[REDACTED]

-Superior Court Records: No criminal convictions found for [REDACTED]. Further confirmation is needed through the Criminal Records Desk to insure that this information is accurate and that there is no additional criminal record.

CROSS REPORT

CWS: Date/Time: County: Screener: Ref #:

L.E.:

D.A.:

CCL:

CSEC:

NOTIFICATIONS: None

REPORTING PARTY INFORMATION: ***CONFIDENTIAL***
[REDACTED]

CALLER REFERRED TO: None
LAW ENFORCEMENT AGENCY

POLICE REPORT NUMBER

1st Hit Bruise

2012 - D.V. - unfounded
Orange Co

2013 - Hard print butt
- B.L. eye

CHILD(REN) NAME (S)

0439-8207-0641-6
1637-0430-6545-6

HOME ADDRESS

PHONE NUMBER

ADDRESS COMMENTS

CURRENT LOCATION OF CHILD(REN)

VICTIM INFORMATION

NAME	AKA (if applicable)				SOCIAL SECT
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE
Year(s)					ICWA ELIGIBI Not Ask
SCHOOL/DAYCARE NAME					

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)

Physical Abuse

CASE WORKER NAME (FOR OPEN CASE)

ALLEGED PERPETRATOR NAME

PHONE # (FOR OPEN CASE)

CASELOAD #

VICTIM INFORMATION

AKA (if applicable)

NAME	AKA (if applicable)				SOCIAL SECT
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE
Year(s)					ICWA ELIGIBI Not Ask
SCHOOL/DAYCARE NAME					

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)

Physical Abuse

CASE WORKER NAME (FOR OPEN CASE)

ALLEGED PERPETRATOR NAME

PHONE # (FOR OPEN CASE)

CASELOAD #

Filed for school
6/1/17

CHILD(REN) NAME (S)

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495

HOME ADDRESS

PHONE NUMBER

ADDRESS COMMENTS

CURRENT LOCATION OF CHILD(REN)

VICTIM INFORMATION				
NAME			AKA (if applicable)	SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY
Year (s)				
SCHOOL/DAYCARE NAME				
LANGUAGE				
ICWA ELIGIBILITY				
Not Asked				

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)	ALLEGED PERPETRATOR NAME
Physical Abuse	
CASE WORKER NAME (FOR OPEN CASE)	PHONE # (FOR OPEN CASE)
	CASELOAD #

VICTIM INFORMATION				
NAME			AKA (if applicable)	SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY
Year (s)				
SCHOOL/DAYCARE NAME				
LANGUAGE				
ICWA ELIGIBILITY				
Not Asked				

ABUSE CATEGORY (See Screener Narrative Attached)	ALLEGED PERPETRATOR NAME
Physical Abuse	
CASE WORKER NAME (FOR OPEN CASE)	PHONE # (FOR OPEN CASE)
	CASELOAD #

filed for school
6/1/17

CHILD(RENS) NAME (S)

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495

OTHERS IN THE HOME

NAME		AKA (if applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE
ROLE	FOR/TO		
Mother (Birth)			
Mother (Birth)			
CASE WORKER NAME	PHONE #	CASELOAD #	

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE
ROLE	FOR/TO		
Father (Alleged)			
Father (Birth)			
ADDRESS	PRIMARY PHONE		
CASE WORKER NAME	PHONE #	CASELOAD #	

COLLATERAL INFORMATION

NAME			
ROLE	FOR/TO		
ADDRESS	PRIMARY PHONE		
CONTACT DATE	CONTACT METHOD	DESCRIPTION	

CHILD(RENS) NAME (S)

CHILD ID #

0439-8207-0641-6054804
1637-0430-6545-6041495

CROSS REPORT INFORMATION

AGENCY	OFFICIAL CONTACTED	TITLE
ADDRESS	PHONE NUMBER	BADGE NO.

CROSS REPORTED BY _____

DATE & TIME OF REPORT _____

REFERRAL HISTORY

REFERRAL ID 1409-5348-5528-1025626	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 09/16/2013
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION Unfounded	[REDACTED]	

REFERRAL HISTORY

REFERRAL ID 0265-5685-7201-6041495	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 03/13/2012
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded	[REDACTED]	

REFERRAL HISTORY

REFERRAL ID 1547-2635-0269-1018705	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 10/22/1999
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded	[REDACTED]	

REFERRAL HISTORY

REFERRAL ID 0888-7456-9918-9025626	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 08/18/2017
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded	[REDACTED]	

REFERRAL HISTORY

REFERRAL ID 1409-5348-5528-1025626	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 09/16/2013
ALLEGATION TYPE Physical Abuse	ALLEGATION DISPOSITION Unfounded	[REDACTED]	

REFERRAL HISTORY

REFERRAL ID 0265-5685-7201-6041495	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 03/13/2012
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION Unfounded	[REDACTED]	

CHILD(REN) NAME(S)
[REDACTED]

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0265-5685-7201-6041495	[REDACTED]	Perpetrator	03/13/2012
ALLEGATION TYPE General Neglect At Risk, sibling abused	ALLEGATION DISPOSITION Unfounded Unfounded		

REPORTER INFORMATION

NAME [REDACTED]	AGENCY OR ORGANIZATION [REDACTED]	RELATIONSHIP [REDACTED]
ADDRESS [REDACTED] [REDACTED] [REDACTED]		PRIMARY PHONE [REDACTED]
		SECONDARY PHONE [REDACTED]
CONTACT DATE	CONTACT METHOD	DESCRIPTION

ANONYMOUS REPORTER

MANDATED REPORTER

FAMILY UNMATED

APPLICATION FOR PETITION

CONFIDENTIALITY WAIVED

CHECK REQUIRED

THIS IS A TRUE AND CERTIFIED COPY
Public Disclosure
9/13/2017 9:00:19

Initial
 Supplemental

2017 AUG 30 AM 11:30

17-9504

Related Report(s)

Arrest Additional Person/Vehicle
 Suspect Narrative
 Unknown Suspect 293(a) PC Advisement
 Property/Evidence

CASE SUMMARY	Primary Code Section/Description		BCS Code(s)	Counts					
	Other Code Section/Description		BCS Code(s)	Counts					
	Other Code Section/Description		BCS Code(s)	Counts					
	Supplemental Code <input type="checkbox"/> Modify <input type="checkbox"/> New <input type="checkbox"/> Same <input type="checkbox"/> Add		BCS Code(s)	Counts					
	Location		Business Name <input type="checkbox"/> Victim <input checked="" type="checkbox"/> N/A						
	Occurrence On/Between		Reported						
	Date/Time ---		Date/Time 0824 AM 1233						
	Case Status: <input type="checkbox"/> If Cleared - Code: <input type="checkbox"/>								
VM = Victim RP = Reporting Party / Informant WIT = Witness OT = Other SU = Suspect									
Name (L, F, M)		DOB/Age	Occupation	Residential Phone ()					
Residence Address		City		Cellular Phone ()					
Business <input type="checkbox"/> Same as Residence		City	Zip	Business Phone ()					
Sex	Race	Height	Weight	Build	Hair	Eyes	Social Security #	ID/Driver's License # & State	
Clothing:		Email							
Name (L, F, M)		DOB/Age	Occupation	Residential Phone ()					
Residence Address		City		Zip	Cellular Phone ()				
Business <input type="checkbox"/> Same as Residence		City	Zip	Business Phone ()					
Sex	Race	Height	Weight	Build	Hair	Eyes	Social Security #	ID/Driver's License # & State	
Clothing:		Email							
Vehicle Description		<input type="checkbox"/> Victim's Vehicle		<input type="checkbox"/> Suspect's Vehicle					
License	State	Year	Make	Model	Body Style	Color	VIN		
<input type="checkbox"/> Unique Characteristics			<input type="checkbox"/> Description of Damage				<input type="checkbox"/> N/A		
Property Loss		Property Damage							
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes / Value \$		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes / Describe:							
Video	Type								
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Body Camera <input type="checkbox"/> Dash Camera (Include Unit #)	<input type="checkbox"/> Other Video							
<input type="checkbox"/> Additional Officer Video (List Officers and/or Unit #)									
Use of Force		Hospitalization / Death		Officer Injured?		Officer Killed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Officer ID# / Name		Reviewed ID# / Name 08-29-17 0909 RMS Entry _____							
Form # 04-001 (2016.05.16)		Copies: <input type="checkbox"/> DA/PD <input type="checkbox"/> VicWit <input type="checkbox"/> Prop <input type="checkbox"/> Officer/Det: <input type="checkbox"/> Risk Mgmt <input type="checkbox"/> CPS <input type="checkbox"/> P&T <input type="checkbox"/> Other:					Routed By:		
							Page: 1 of 4		

Continuation Sheet

1 Supplemental Report

2

3 Assisting Personnel:

4 Officer [REDACTED]-initial report

5 Detective [REDACTED]

6

7 Evidence:

8 Refer to the attached evidence sheet. Evidence consists of one CD containing a digital recording
9 of SU01 [REDACTED]

10

11 Details:

12 On 082417 at about 1400 hours, Officer [REDACTED] stated he was at [REDACTED]
13 located at [REDACTED]. Officer [REDACTED] VM01 is [REDACTED] years old and has
14 a medical condition. VM01 was born with bladder issues. He has issues going to the bathroom
15 and at times urinates on himself. VM01 told Officer [REDACTED] his father, SU01 [REDACTED] puts
16 him in the bathtub and holds him under the water when he has an accident going to the bathroom.
17 VM01 said SU01 zip ties his hands and feet to a chair and punishes him. Refer to Officer [REDACTED]
18 initial report for VM01, WT01 and OT01's statement.

19

20 As I was speaking to Officer [REDACTED] SU01 and his wife, OT01 [REDACTED] arrived to the
21 school to pick up VM01 and WT01, [REDACTED] (VM01's sister - refer to the initial report for WT
22 statement). Detective [REDACTED] and I spoke with [REDACTED] in the principal's office. [REDACTED] was not
23 under arrest, detained or locked in the office. SU01 sat closest to the door with no obstructions.
24 Detective [REDACTED] and I sat on the other side of the table away from the exit door. The following is a
25 summary of his recorded statement: His son, VM01 was born with bladder exstrophy, where the
26 bladder is outside of his body. VM01 has had four major surgeries and two minor surgeries. He
27 has struggled with potty training for several years. I asked if there were any potty training issues
28 going on at home based on VM01's allegations.

29

30 SU01 said he has had issues with [REDACTED] (VM01's father, [REDACTED] VM01's grandfather) for many years.
31 He believes their grandfather has put ideas in their head about him. I asked SU01 why he thinks
32 the grandfather is putting ideas in their head. SU01 said, recently, they moved away from the
33 grandparents and the kids changed schools. The grandparents no longer see the kids and he
34 believes the grandfather is upset about it. A week before school started, VM01 told him his
35 grandpa called SU01 a "bitch". SU01 said he has tried to keep the kids away from them so he
36 does not have to deal with the issues anymore. He does not have a relationship with [REDACTED]
37 however she is temporarily staying at his residence while the kids are in school.

38

39 I told SU01 that VM01 mentioned there was an incident where he had an accident and was made
40 to take a cold shower and held under water. I asked him what that meant. He said when VM01
41 urinates in his pants, he makes him take a cold shower. SU01 clarified that it is an 80-degree
42 shower, not a freezing cold shower. I asked if he makes him take a cold shower because he does
43 not like it. He said, "I think it's the shock of the water". SU01 said he and [REDACTED] have tried everything.
44 VM01 used to wear a diaper due to the amount of accidents. VM01 continued to urinate in his
45 diaper instead of going to the bathroom so he made him "poop" in his diaper. SU01 told VM01 if

Continuation Sheet

1 he was going to "pee" in his diaper like a baby he will have to "poop" in his diaper like a baby.
2 SU01 said he hates to traumatize VM01 and it's so, "impacting on his life". SU01 said it was hard
3 for VM01 and he cried. He said after that, VM01 was potty trained.
4

5 SU01 said he has never held VM01 under water, but VM01 has sat in the bath with the water
6 hitting him. He said he is "not trying to torture the poor kid". I asked if zip ties were ever used due
7 to VM01 stating SU01 zip tied his hands and feet. SU01 said he believes the zip tie story came
8 from their grandfather. About one month ago, he had VM01 for several days. VM01 called his
9 mom, [REDACTED] and told her SU01 zip tied him, hung him upside down and gagged him. SU01 said he
10 does have zip ties in the residence, however he has never used them on VM01.
11

12 I asked SU01 if he has ever made VM01 eat chocolate until he soiled his pants due to a statement
13 VM01 made. SU01 said VM01 was scared to "poop" and would not go to the bathroom. SU01
14 said VM01 went several days without "pooping" and it was becoming a medical issue. He made
15 VM01 eat "Ex-LAX" so he would go to the bathroom. He said it was a chewable form and believes
16 that is why he said he was made to eat chocolate.

17 SU01 said about one year ago he was suspicious WT01 was molested by their grandfather. He
18 said he saw several symptoms and behaviors that he identified as possible sexual abuse.
19 Detective [REDACTED] told SU01 that we would like to set up a physical exam and RCAT to eliminate
20 any issues and to possibly answer any questions regarding WT01. I asked if he was legally
21 obligated to take VM01 for a forensics interview. Detective [REDACTED] told him he was not obligated or
22 ordered to comply. SU01 was asked if CPS could conduct a safety check of the residence to make
23 sure the residence had food, beds and power for the kids. SU01 was told that the goal was to
24 make sure the kids are safe and so it could be documented. At the conclusion of the interview,
25 SU01 said he did not want CPS or law enforcement to respond to his residence. SU01 said he had
26 to work and did not permit [REDACTED] to allow anyone inside the residence while he was gone. He became
27 uncooperative and said he would call CPS and Officer [REDACTED] the following day to set up an
28 appointment. Refer to Officer [REDACTED] report regarding the follow up. On 082517, Officer [REDACTED]
29 told me he responded to SU01's residence and there was no answer at the door.
30

31
32 At this time, SU01 has not set up an appointment for an RCAT interview and has not contacted or
33 allowed CPS to conduct a safety check of the residence. Aside from statements, there is no
34 physical evidence to support the allegations at this time. This incident will be documented until
35 CPS conducts further follow up for an RCAT.

36
37 Disposition: Documentation only.
38

PROPERTY REPORT

CASE NO.	9504
DATE OF OFFENSE: 08/29/2017	
SUSPECT LAST NAME: [REDACTED]	
SUSPECT FIRST NAME: [REDACTED]	
<input type="checkbox"/> JUVENILE	<input type="checkbox"/> SEARCH WARRANT
VICTIM: PC 293,	
ASSOCIATED CASES	

COLLECTED BY	DATE/TIME COLLECTED	LOCATION COLLECTED	COLLECTED ADDRESS	
	08/24/2017			
ITEM #	TYPE	BRAND	SERIAL NO.	TOTAL VALUE
	Evidence	CD		
QTY.	MEASURE	PRESUMPTIVE DRUG		COLOR
1				
CALIBER	BRL LENGTH	GUN TYPE CODE		GUN CAT CODE
BIKE SPEED	<input type="checkbox"/> BOYS	<input type="checkbox"/> GIRLS	MODEL	
 201707337		DESCRIPTION AUDIO/VIDEO (CASS/CD/DVD/TAPE) - SU INTERVIEW		
OWNER:	ADDRESS:			
REPORTING OFFICER	ID#	DATE		
		08/29/2017		

THIS IS A TRUE AND
Public Disclosure
9/13/2017 8:59:48



Safety Assessment

Referral ID:	0238-8219-1038-9045700	Assessment Date:	8/24/2017
Referral Name:		County of Completion:	Riverside
Approval Status:	Not Submitted	Approval Unit:	
Created by:	(8/28/2017)	Last Update by:	(8/28/2017)

Household Name: Were there allegations in this household? Yes No

Assessment Type: Initial Review/Update Referral Closing

Is either caregiver Native American or a person with Indian ancestry?

Yes No Parent not available Parent unsure

Child and Caregiver Safety Vulnerability

- Age 0 - 5 years
- Significant diagnosed medical or mental disorder
- Not readily accessible to community oversight
- Diminished mental capacity (e.g., developmental delay, non-verbal)
- Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)

Part A: Safety Threats

Instructions: Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe safety threat is present. Mark "Yes" for all threats that apply. Mark "No" for any threats that do not apply.

1. Yes Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:
 - Serious injury or abuse to child other than accidental.
 - Caregiver fears he/she will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Domestic violence likely to injure child.
 - Excessive discipline or physical force.
 - Drug/alcohol-exposed infant.
2. Yes Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
 No
3. Yes Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
 No
4. Yes The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
 No
5. Yes Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
 No
6. Yes Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
 No
7. Yes Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
 No
8. Yes The family refuses access to the child, or there is reason to believe that the family is about to flee.
 No
9. Yes Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.
 No

10. Yes No Other (specify):

CURRENT SAFETY THREATS AND MITIGATION

Instructions: If any safety threats above are marked yes, indicate whether any of the following behaviors are present. These are conditions that make it more difficult or complicated to create safety for a child but do not by themselves create a safety threat. These behaviors must be considered when assessing for and planning to mitigate safety threats with a safety plan. Mark all that apply to the household.

- Substance abuse
- Developmental/cognitive impairment
- Domestic violence
- Physical condition
- Mental health
- Other (specify):

HOUSEHOLD STRENGTHS AND PROTECTIVE ACTIONS

Household Strengths: These are resources and conditions that increase the likelihood or ability to create safety for a child but in and of themselves do not fully address the safety threats.

Protective Actions: These are specific actions, taken by one of the child's current caregivers or by the child, that mitigate identified safety threats in the household.

Household strengths and protective actions should be assessed, considered, and built upon when creating a safety plan. Mark all that apply to the household.

Caregiver problem solving

Household Strengths:	At least one caregiver identifies and acknowledges the problem/safety threat(s) and suggests possible solutions
Protective Actions:	At least one caregiver articulates specific strategies that, in the past, have been at least partially successful in mitigating the identified safety threat(s)

Caregiver support network

Household Strengths:	<ul style="list-style-type: none"> <input type="radio"/> At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network <input type="radio"/> At least one non-offending caregiver exists and is willing and able to protect the child from future harm. <input type="radio"/> At least one caregiver is willing to work with the agency to mitigate safety threats, including allowing the caseworker(s) access to the child.
Protective Actions:	<input type="radio"/> At least one caregiver has a stable support network that is aware of the safety threat(s), has been or is responding to the threat(s), and is willing to help the child

Child problem solving

Household Strengths:	At least one child is emotionally/intellectually capable of acting to protect him/herself from a safety threat
Protective Actions:	At least one child, in the past or currently, acts in ways that protect him/herself from a safety threat(s)

Child support network

Household Strengths:	<input checked="" type="radio"/> At least one child is aware of his/her support network members and knows how to contact these individuals when needed.
Protective Actions:	<input type="radio"/> At least one child has successfully pursued support, in the past or currently, from a member of his/her support network, and that person(s) was helpful

Other

Household Strengths:	Other (specify):
Protective Actions:	Other (specify):

Instructions: For each identified safety threat, review available protective capacities. With these protective capacities in place, can the following interventions control the threat to safety? Consider whether the threat to safety appears related to the caregiver's knowledge, skill, or motivational issue.

If one or more safety threats are present, consider whether safety interventions 1-8 will allow the child to remain in the home for the present time. If protective capacities 2, 3, and/or 7 are not marked, carefully consider whether any safety interventions 1-8 are appropriate to immediately protect the child. Mark the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by marking item 9 or 10, and follow procedures for initiating a voluntary agreement for taking the child into protective custody. A safety plan form is provided to systematically capture interventions and facilitate follow-through.

Safe With Plan

One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protective interventions have been initiated through a safety plan, and the child will remain in the home as long as the safety interventions mitigate the safety threats. Mark all in-home interventions used in the safety plan.

1. Intervention or direct services by worker. (DO NOT include the investigation itself.)
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as safety resources.
4. Use of tribal, Indian community service agency, and/or ICWA program resources.
5. Have the caregiver appropriately protect the victim from the alleged perpetrator.
6. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
7. Have the non-offending caregiver move to a safe environment with the child.
8. Legal action planned or initiated - the child remains in the home.
9. Other (specify):

Unsafe

One or more safety threats are present, and placement is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm. Check one response only.

10. Have the caregiver voluntarily place the child outside the home, consistent with WIC 11400(o) and (p).
11. Child placed in protective custody because interventions 1-9 do not adequately ensure the child's safety.

Safety Decision

Instructions: The safety decision will be automatically selected below. The decision generated is based on your responses to the safety threats and safety interventions above.

Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

Safe With Plan. One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protecting interventions have been initiated through a safety plan, and the child will remain in the home as long as the safety interventions mitigate the safety threats.

Unsafe. One or more safety threats are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

Staff Person Comments:

Supervisor Comments:



Risk Assessment

Referral ID:	0238-8219-1038-9045700	Assessment Date:	9/06/2017
Referral Name:		County of Completion:	Riverside
Approval Status:	Submitted by [REDACTED] (9/13/2017)	Approval Unit:	7700 - ER/CDU - [REDACTED]
Created by:	[REDACTED] (9/13/2017)	Last Update by:	[REDACTED] (9/13/2017)

		Neglect	Abuse
1. Prior neglect investigations			
<input type="radio"/> a. No prior neglect investigations		0	1
<input checked="" type="radio"/> b. One prior neglect investigation		0	0
<input type="radio"/> c. Two prior neglect investigations		1	1
<input type="radio"/> d. Three or more prior neglect investigations		2	1

		1	0
2. Prior abuse investigations			
<input type="radio"/> a. No prior abuse investigations		0	0
<input checked="" type="radio"/> b. One prior abuse investigation		1	0
<input type="radio"/> c. Two prior abuse investigations		1	1
<input type="radio"/> d. Three or more prior abuse investigations		1	2

		0	0
3. Household has previous or current open ongoing CPS case (voluntary/court-ordered)			
<input checked="" type="radio"/> a. No		0	0
<input type="radio"/> b. Yes, but not open at the time of this referral		1	1
<input type="radio"/> c. Yes; household has open CPS case at the time of this referral		2	2

		0	0
4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse of a child			
<input checked="" type="radio"/> a. None/not applicable		0	0
<input type="radio"/> b. One or more apply (mark all applicable):		0	1
<input type="radio"/> Prior physical injury to a child resulting from child abuse/neglect			
<input type="radio"/> Prior substantiated physical abuse of a child			

		1	0
5. Current report maltreatment type (mark all applicable):			
<input checked="" type="radio"/> a. Neglect		0	1
<input checked="" type="radio"/> b. Physical and/or emotional abuse		0	0
<input type="radio"/> c. None of the above		0	0

		0	0
6. Number of children involved in the child abuse/neglect incident			
<input checked="" type="radio"/> a. One, two, or three		0	0
<input type="radio"/> b. Four or more		1	1

		0	1
7. Primary caregiver assessment of the incident			
<input type="radio"/> a. Caregiver does not blame the child		0	0
<input checked="" type="radio"/> b. Caregiver blames the child		0	1

		Neglect	Abuse
Printed by [REDACTED]			

8. Age of youngest child in the home

a. 2 years or older 0 0
 b. Under 2 1 0

9. Characteristics of children in the household

a. Not applicable 0 0
 b. One or more present (mark all applicable): 1 1
 Mental health or behavioral problems
 Developmental disability 0 0
 Learning disability
 Physical disability
 Medically fragile or failure to thrive

10. Housing

a. Household has physically safe housing 0 0
 b. One or more apply (mark all applicable): 1 0
 Physically unsafe; AND/OR
 Family homeless

11. Incidents of domestic violence in the household in the past year

a. None or one incident of domestic violence 0 0
 b. Two or more incidents of domestic violence 0 1

12. Primary caregiver disciplinary practices

a. Employs appropriate discipline 0 0
 b. Employs excessive/inappropriate discipline 0 1

13. Primary or secondary caregiver history of abuse or neglect as a child

a. No history of abuse or neglect for either caregiver 0 0
 b. One or both caregivers have a history of abuse or neglect as a child 1 1

14. Primary or secondary caregiver mental health

a. No past or current mental health problem 0 0
 b. Past or current mental health problem (mark all applicable): 1 1
 During the past 12 months
 Prior to the last 12 months

15. Primary or secondary caregiver alcohol and/or drug use

a. No past or current alcohol/drug use that interferes with family functioning 0 0
 b. Past or current alcohol/drug use that interferes with family functioning (mark all applicable): 1 1
 Alcohol
 During the past 12 months
 Prior to the last 12 months
 Drugs
 During the past 12 months
 Prior to the last 12 months

16. Primary or secondary caregiver criminal arrest history

a. Does not have criminal arrests 0 0
 b. Either caregiver has one or more criminal arrests 1 0

Total Score: 5 6

Scored Risk Level

Neglect Risk Level: Moderate

Abuse Risk Level: High

Scored Risk Level: High

Overrides

Instructions: If there are no overrides, select "No override", the risk level will remain the same. If there is a policy override, select the appropriate override, the risk level will become very high. If you select a discretionary override, the risk level will increase one level, and you must enter a reason in the box provided.

Policy Overrides (*Increases risk level to very high*)

Policy override

- Sexual abuse case AND the perpetrator is likely to have access to the child
- Non-accidental injury to a child under age 2
- Severe non-accidental injury
- Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current)

Discretionary Overrides (*Increases risk level one level*)

Discretionary override

Override Risk Level:

Discretionary Override Reason:

No Overrides (*no change to risk level*)

- No override

Final Risk Level

The final risk level is: High

Recommended Decision

The recommended decision is: Promote

Planned action: Promote Do not promote

If recommended decision and planned action do not match, explain why:

At this time, the family is not being cooperative with Law Enforcement or the Department and there is not enough evidence to open a case.

Supplemental Questions

1. Either caregiver demonstrates difficulty accepting one or more children's gender or sexual orientation.

- a. No
- b. Yes

2. Alleged perpetrator is an unmarried partner of the primary caregiver.

- a. No
- b. Yes

3. Another adult in the household provides unsupervised child care to a child under the age of 3.

- a. Not applicable
- b. No
- c. Yes

Is the other adult in the household employed? No Yes

4. Either caregiver is isolated in the community.

- a. No
- b. Yes

5. Caregiver has provided safe and stable housing for at least the past 12 months.

- a. No
- b. Yes

Comments:

Staff Person Comments:

Supervisor Comments:

NAME OF AGENCY:	Riverside County CPS Central Intake	DATE: 11/09/2017
STREET ADDRESS:		
CITY AND ZIP CODE:	COUNTY: Riverside	
NAME OF SOCIAL WORKER:	CASELOAD ID :	TELEPHONE
EMERGENCY RESPONSE REFERRAL INFORMATION		

REFERRAL NAME: [REDACTED] REFERRAL NUMBER: 1514-9049-1864-5053654
 NA EVALUATE OUT IMMEDIATE 3 DAY 5 DAY X 10 DAY N/A SECONDARY REPORT

SCREENER INFORMATION

NAME	TITLE	DATE	TIME
[REDACTED]	Intake Specialist	11/09/2017	01:19pm
CASELOAD #	PHONE NUMBER	LOCATION	
[REDACTED]	[REDACTED]	Intake Center	

ALERTS:

ALERT: N/A

LANGUAGE: English

ETHNICITY: White

ICWA Eligibility: Unknown

ALLEGATIONS: General Neglect

Summary of Allegations -

- RP believes [REDACTED] resides with mother and father.
- This morning [REDACTED] was waiting outside of school when [REDACTED] noticed [REDACTED] walking up not wearing pants.
- [REDACTED] was wearing a diaper, a shirt, and shoes.
- [REDACTED] doesn't know if [REDACTED] if has a medical condition and is supposed to wear diapers.
- [REDACTED] asked [REDACTED] where his pants were.
- [REDACTED] responded, "Dad has them."
- RP noticed father was around the corner.
- [REDACTED] kept walking towards school office.
- [REDACTED] looked sad and worried.
- [REDACTED] went to speak with father (no details known to RP).
- The rest of the school day, [REDACTED] was wearing his sister's clothes and was being made fun.
- He was wearing small pink shorts.
- RP doesn't know how [REDACTED] ended up wearing his sister's clothes.
- Additionally, [REDACTED] is constantly late to school.

SAFETY ORGANIZED PRACTICE (SOP) :

- 1) Of all the concerns discussed, what worries you the most? RP is concerned about [REDACTED] wellbeing.
- 2) What do you feel needs to happen to keep the children safe? A talk with the parents.
- 3) What would you say the parents are doing well? RP doesn't know home situation.

VICTIM(S) :

OTHER CHILDREN IN THE HOME:

None reported

CHILD(REN) NAME (S)

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495

HOME ADDRESS: [REDACTED]

LOCATION OF INCIDENT: [REDACTED]

NAME OF SCHOOL: [REDACTED]

Address: [REDACTED]

Telephone: [REDACTED]

Time Child Attends: [REDACTED]

DETERMINED RESPONSE BY: [REDACTED]

BACKGROUND CHECKS:

Referral History: # of closed priors - 4 (Riverside & Orange County)

Investigated by: [REDACTED], Closed: 09/18/17, Allegation: G/N, Dispo: Substantiated and Inconclusive; Allegation: S/N, Dispo: Inconclusive; Allegation: P/A, Dispo: Unfounded

Case History: None found

-Superior Court Records: No applicable charges or convictions found. Further confirmation is needed through the Criminal Records Desk to ensure this information is accurate and that there is no additional criminal record.

CROSS REPORT

CWS: Date/Time: , County: , Screener: , Ref #: [REDACTED]

L.E.: [REDACTED]

D.A.: [REDACTED]

CCL: [REDACTED]

CSEC: [REDACTED]

NOTIFICATIONS: None

REPORTING PARTY INFORMATION: * * * CONFIDENTIAL * * *

CALLER REFERRED TO:
LAW ENFORCEMENT AGENCY

POLICE REPORT NUMBER

HOME ADDRESS

PHONE NUMBER

ADDRESS COMMENTS

CURRENT LOCATION OF CHILD(REN)

CHILD(REN) NAME (S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495**VICTIM INFORMATION**

NAME		AKA (if applicable)			SOCIAL SECURITY #	
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY
Year (s)					Not Asked	

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)

General Neglect

General Neglect

CASE WORKER NAME (FOR OPEN CASE)

ALLEGED PERPETRATOR NAME

NAME		AKA (if applicable)			SOCIAL SECURITY #	
------	--	---------------------	--	--	-------------------	--

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)

General Neglect

General Neglect

CASE WORKER NAME (FOR OPEN CASE)

ALLEGED PERPETRATOR NAME

NAME		AKA (if applicable)			SOCIAL SECURITY #	
------	--	---------------------	--	--	-------------------	--

OTHERS IN THE HOME

NAME		AKA (if applicable)			SOCIAL SECURITY #	
SEX	DATE OF BIRTH/AGE	LANGUAGE			WORK PHONE	
ROLE	FOR/TO					
Mother (Birth)						
Mother (Birth)						
CASE WORKER NAME		PHONE #			CASELOAD #	

CHILD(REN) NAME (S)

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495

OTHERS IN THE HOME

NAME		AKA (if applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE
M			
ROLE	FOR/TO		
Father (Alleged)			
Father (Birth)			
CASE WORKER NAME	PHONE #	CASELOAD #	

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE
ROLE	FOR/TO		
ADDRESS	PRIMARY PHONE		
CASE WORKER NAME	PHONE #	CASELOAD #	

COLLATERAL INFORMATION

NAME			
ROLE	FOR/TO		
ADDRESS	PRIMARY PHONE		
CONTACT DATE	CONTACT METHOD	DESCRIPTION	

CROSS REPORT INFORMATION

AGENCY	OFFICIAL CONTACTED	TITLE
ADDRESS	PHONE NUMBER	BADGE NO.
CROSS REPORTED BY	DATE & TIME OF REPORT	

REFERRAL HISTORY

REFERRAL ID 0695-4343-8603-7056091	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 0888-7456-9918-9025626	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 08/18/2017
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 1409-5348-5528-1025626	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 09/16/2013
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 0265-5685-7201-6041495	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 03/13/2012
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 0238-8219-1038-9045700	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 08/18/2017
ALLEGATION TYPE General Neglect General Neglect Physical Abuse	ALLEGATION DISPOSITION Inconclusive Inconclusive Unfounded		

REFERRAL HISTORY

REFERRAL ID 1547-2635-0269-1018705	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 10/22/1999
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded		

CHILD(REN) NAME (S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0695-4343-8603-7056091		Victim	11/09/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect			
General Neglect			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0888-7456-9918-9025626		Victim	08/18/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Emotional Abuse			
General Neglect			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1409-5348-5528-1025626		Victim	09/16/2013
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Physical Abuse		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0265-5685-7201-6041495		Victim	03/13/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0238-8219-1038-9045700		Victim	08/18/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Substantiated	
General Neglect		Substantiated	
Physical Abuse		Unfounded	
Severe Neglect		Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0695-4343-8603-7056091		Perpetrator	11/09/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect			
General Neglect			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0888-7456-9918-9025626		Perpetrator	08/18/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Emotional Abuse			
General Neglect			
At Risk, sibling abused			

CHILD(REN'S) NAME (S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495

REFERRAL HISTORY			
REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0265-5685-7201-6041495		Perpetrator	03/13/2012
ALLEGATION TYPE General Neglect At Risk, sibling abused	ALLEGATION DISPOSITION Unfounded Unfounded		

REFERRAL HISTORY			
REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0238-8219-1038-9045700		Perpetrator	08/18/2017
ALLEGATION TYPE General Neglect General Neglect Physical Abuse Physical Abuse Severe Neglect	ALLEGATION DISPOSITION Inconclusive Substantiated Unfounded Unfounded Inconclusive		

REFERRAL HISTORY			
REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0695-4343-8603-7056091		Perpetrator	11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY			
REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0238-8219-1038-9045700		Perpetrator	08/18/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION Inconclusive Substantiated		

REPORTER INFORMATION			
NAME	AGENCY OR ORGANIZATION	RELATIONSHIP	
ADDRESS			PRIMARY PHONE
			SECONDARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION	

<input type="checkbox"/> ANONYMOUS REPORTER	<input type="checkbox"/> MANDATED REPORTER	<input type="checkbox"/> FAMILY INFORMED
<input type="checkbox"/> APPLICATION FOR PETITION	<input type="checkbox"/> CONFIDENTIALITY WAIVED	<input type="checkbox"/> FEEDBACK REQUIRED

NAME OF AGENCY:	Riverside County DPC	DEPARTMENT:	West Corridor
STREET ADDRESS:			
CITY AND ZIP CODE:		COUNTY:	Riverside
NAME OF SOCIAL WORKER:	CASELOAD ID:	TELEPHONE:	
EMERGENCY RESPONSE NOTICE OF REFERRAL DISPOSITION			
NAME OF CHILD(REN):		CHILD ID NUMBER:	
		0439-8207-0841-6054804	
		1637-0430-6545-6041495	
		REFERRAL NUMBER:	
		1514-9049-1864-5053654	

The above named family or child was referred by you to this agency for Emergency Response Intervention on: **11/09/2017**

The result of the initial Emergency Response Intervention is:

- Does not meet the State requirements for intervention
- Allegations appear to be unfounded - case closed
- Allegations cannot be substantiated - case closed
- Situation stabilized - case closed
- Family has agreed to voluntary Social Services
- Case open for service

(Worker)

(Phone #)

- Referred to community agency

(Agency Name)

(Agency Phone #)

- Referred to Juvenile Court for investigation

COMMENTS:

Tiffany Wing

12/12/2017

(Date)

Children Soc Svcs Wrkr V

(Caseload Number)

(Telephone Number)

NAME OF AGENCY:	Riverside County CPS Central Intake	DATE: 11/09/2017
STREET ADDRESS:		
CITY AND ZIP CODE:	COUNTY: Riverside	
NAME OF SOCIAL WORKER:	CASELOAD ID:	TELEPHONE
EMERGENCY RESPONSE REFERRAL INFORMATION		

REFERRAL NAME:						
<input type="checkbox"/> NA	<input type="checkbox"/> EVALUATE OUT	<input type="checkbox"/> IMMEDIATE	<input type="checkbox"/> 3 DAY	<input type="checkbox"/> 5 DAY	<input type="checkbox"/> 10 DAY	<input checked="" type="checkbox"/> X N/A SECONDARY REPORT

SCREENER INFORMATION

NAME	TITLE	DATE	TIME
	Intake Specialist	11/09/2017	01:40pm
CASELOAD #	PHONE NUMBER	LOCATION	
		Intake Center	

ALERTS:

ALERT: **Open Referral #1514-9049-1864-5053654, dated 11/09/17, not yet assigned**

LANGUAGE: English

ETHNICITY: White

ICWA Eligibility: Unknown to caller.

ALLEGATIONS: General Neglect

Summary of Allegations:

- Today (11/09/17) the parents brought [REDACTED] to school wearing a pull-up, no pants, a shirt, and shoes.
- The father reported that [REDACTED] has been "peeing" his pants so "if he wants to be a baby, I'm sending him to school in a diaper".
- Father was told that [REDACTED] cannot come to school without pants on and the father stated [REDACTED] had shorts in his backpack so the mother told [REDACTED] to go put his pants on.
- When [REDACTED] he came out of the school restroom he was wearing what appeared to be [REDACTED] clothes, which were red/pink girl's shorts and a zip up hoodie with butterflies on it.
- According to [REDACTED] teacher, he was teased all day so the principal went to Target and got [REDACTED] a change of clothes.
- In the beginning of the school year the father advised the school that [REDACTED] was born with a medical condition (his bladder was outside of his body) that has made [REDACTED] incontinent but the father is now saying that [REDACTED] no longer has the medical problems and that he is having accidents intentionally.
- Reporting party states that all of the children in [REDACTED] class are aware that he has accidents and today has made it worse for [REDACTED]
- The mother didn't seem protective at all.

SAFETY ORGANIZED PRACTICE (SOP)

- 1.) Of all the things we talked about, what worries you the most?
The manner in which the father is disciplining the child as it is punitive and humiliating opening the child up to ridicule.
- 2.) What do you feel needs to happen to keep the children safe?
The family needs some kind of counseling, parenting classes, or support.
- 3.) What would you say is going well with the family?
The parents are very supportive of [REDACTED] academically.

VICTIM(S):

CHILD(REN) NAME (S)

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495

OTHER CHILDREN IN THE HOME:
None

OTHER CHILDREN NOT IN THE HOME:
None

HOME ADDRESS: [REDACTED]

LOCATION OF INCIDENT: [REDACTED]

NAME OF SCHOOL: [REDACTED]

-Address: [REDACTED]
-Telephone #: [REDACTED]
-Time Child Attends: [REDACTED]

BACKGROUND CHECKS

Referral History: Total # of priors - 4 Priors

Investigated by: [REDACTED] Closed: 09/18/17, Allegation: Physical Abuse - Unfounded,
General Neglect - Substantiated, Inconclusive, Severe Neglect - Inconclusive

Case History: None Found

SUPERIOR COURT RECORDS:

No criminal convictions found for mother and father. Further confirmation is needed through the Criminal Records Desk to ensure that this information is accurate and that there is no additional criminal record.

DETERMINED RESPONSE BY: [REDACTED]

CROSS REPORT

-CWS: Date/Time: County/Screener Name: Referral #:
-L.E:
-D.A:
-CCL:
-CSEC:

NOTIFICATIONS: None

REPORTING PARTY INFORMATION: ***CONFIDENTIAL***

CALLER REFERRED TO: None
LAW ENFORCEMENT AGENCY

POLICE REPORT NUMBER

HOME ADDRESS

[REDACTED]	PHONE NUMBER [REDACTED]
ADDRESS COMMENTS [REDACTED]	

CURRENT LOCATION OF CHILD(REN)

CHILD(REN) NAME (S)

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495

VICTIM INFORMATION

NAME					AKA (if applicable)	SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY
Year(s)					Not Asked	
SCHOOL/DAYCARE NAME						

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)					ALLEGED PERPETRATOR NAME	
General Neglect					██████████	
General Neglect					██████████	
CASE WORKER NAME (FOR OPEN CASE)					PHONE # (FOR OPEN CASE)	CASELOAD #

VICTIM INFORMATION

NAME					AKA (if applicable)	SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY
Year(s)					Not Asked	
SCHOOL/DAYCARE NAME						

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)					ALLEGED PERPETRATOR NAME	
General Neglect					██████████	
General Neglect					██████████	
CASE WORKER NAME (FOR OPEN CASE)					PHONE # (FOR OPEN CASE)	CASELOAD #

OTHERS IN THE HOME

NAME					AKA (if applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE		LANGUAGE		WORK PHONE	
ROLE	FOR/TO					
Mother (Birth)	██████████					
Mother (Birth)	██████████					
CASE WORKER NAME					PHONE #	CASELOAD #

CHILD(RENS) NAME (S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495**OTHERS IN THE HOME**

NAME		AKA (if applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE
ROLE	FOR/TO		
Father (Alleged)			
Father (Birth)			
CASE WORKER NAME	PHONE #	CASELOAD #	

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE
ROLE	FOR/TO		
ADDRESS	PRIMARY PHONE		
CASE WORKER NAME	PHONE #	CASELOAD #	

COLLATERAL INFORMATION

NAME		
ROLE	FOR/TO	
ADDRESS	PRIMARY PHONE	
CONTACT DATE	CONTACT METHOD	DESCRIPTION

CHILD(RENS) NAME (S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495**CROSS REPORT INFORMATION**

AGENCY	OFFICIAL CONTACTED	TITLE	
ADDRESS		PHONE NUMBER	BADGE NO.
CROSS REPORTED BY		DATE & TIME OF REPORT	

REFERRAL HISTORY

REFERRAL ID 0888-7456-9918-9025626	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 08/18/2017
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 1074-3898-8350-9050188	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 1409-5348-5528-1025626	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 09/16/2013
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 1514-9049-1864-5053654	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 0265-5685-7201-6041495	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 03/13/2012
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 0238-8219-1038-9045700	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 08/18/2017
ALLEGATION TYPE General Neglect General Neglect Physical Abuse	ALLEGATION DISPOSITION Inconclusive Inconclusive Unfounded		

CHILD(RENS) NAME(S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495**REFERRAL HISTORY**

REFERRAL ID 1547-2635-0269-1018705	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 10/22/1999
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 0888-7456-9918-9025626	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 08/18/2017
ALLEGATION TYPE Emotional Abuse General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 1074-3898-8350-9050188	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 1409-5348-5528-1025626	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 09/16/2013
ALLEGATION TYPE Physical Abuse	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 1514-9049-1864-5053654	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 0265-5685-7201-6041495	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 03/13/2012
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 0238-8219-1038-9045700	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 08/18/2017
ALLEGATION TYPE General Neglect General Neglect Physical Abuse Severe Neglect	ALLEGATION DISPOSITION Substantiated Substantiated Unfounded Inconclusive		

REFERRAL HISTORY

REFERRAL ID 0888-7456-9918-9025626	CLIENT NAME [REDACTED]	REFERRAL ROLE Perpetrator	REFERRAL DATE 08/18/2017
ALLEGATION TYPE Emotional Abuse General Neglect At Risk, sibling abused	ALLEGATION DISPOSITION		

CHILD(REN)S NAME (S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1514-9049-1864-5053654		Perpetrator	11/09/2017
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect			
General Neglect			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0265-5685-7201-6041495		Perpetrator	03/13/2012
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect	Unfounded		
At Risk, sibling abused	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0238-8219-1038-9045700		Perpetrator	08/18/2017
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect	Inconclusive		
General Neglect	Substantiated		
Physical Abuse	Unfounded		
Physical Abuse	Unfounded		
Severe Neglect	Inconclusive		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1514-9049-1864-5053654		Perpetrator	11/09/2017
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect			
General Neglect			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0238-8219-1038-9045700		Perpetrator	08/18/2017
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect	Inconclusive		
General Neglect	Substantiated		

CHILD(RENS) NAME(S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495

REPORTER INFORMATION

NAME	AGENCY OR ORGANIZATION	RELATIONSHIP
ADDRESS		PRIMARY PHONE
		SECONDARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

ANONYMOUS REPORTER

MANDATED REPORTER

FAMILY INFORMED

APPLICATION FOR PETITION

CONFIDENTIALITY WAIVED

FEEDBACK REQUIRED

NAME OF AGENCY:	Riverside County DP	DEPARTMENT:	West Corridor
STREET ADDRESS:			
CITY AND ZIP CODE:			
NAME OF SOCIAL WORKER:	COUNTY: Riverside		
	CASELOAD ID:	TELEPHONE:	
EMERGENCY RESPONSE NOTICE OF REFERRAL DISPOSITION			
NAME OF CHILD(REN):		CHILD ID NUMBER:	
		0439-8207-0641-8054804	
		1637-0430-6545-6041495	
		REFERRAL NUMBER:	
		0695-4343-8603-7056091	

The above named family or child was referred by you to this agency for Emergency Response Intervention on: **11/09/2017**

The result of the initial Emergency Response Intervention is:

- Does not meet the State requirements for intervention
- Allegations appear to be unfounded - case closed
- Allegations cannot be substantiated - case closed
- Situation stabilized - case closed
- Family has agreed to voluntary Social Services
- Case open for service

(Worker)

(Phone #)

- Referred to community agency

(Agency Name)

(Agency Phone #)

- Referred to Juvenile Court for investigation

COMMENTS:

(Caseload Number)

Children Soc Svcs Wrkr V

(Title)

(Telephone Number)

11/11/17
(Date)

NAME OF AGENCY:	Riverside County PS Central Intake	DATE: 11/09/2017
STREET ADDRESS:		
CITY AND ZIP CODE:		
NAME OF SOCIAL WORKER:	CASELOAD ID:	TELEPHONE
EMERGENCY RESPONSE REFERRAL INFORMATION		

REFERRAL NAME: [REDACTED] REFERRAL NUMBER: 1074-3898-8350-9050188
 NA EVALUATE OUT IMMEDIATE 3 DAY 5 DAY 10 DAY X N/A SECONDARY REPORT

SCREENER INFORMATION

NAME	TITLE	DATE	TIME
[REDACTED]	Intake Specialist	11/09/2017	01:46pm
CASELOAD #	PHONE NUMBER	LOCATION	
[REDACTED]	[REDACTED]	Intake Center	

ALERTS:

ALERT: Open referral #1514-9049-1864-5053654 and #0695-4343-8603-7056091

LANGUAGE: English

ETHNICITY: White

ICWA ELIGIBILITY: Unknown

ALLEGATIONS: General Neglect

Summary of Allegations:

[REDACTED] was born with his bladder outside his body and it causes him to urinate frequently.
 -Father has been asked to bring a change of clothing for [REDACTED] but he does not sometimes.
 -Today father sent [REDACTED] to school in a diaper and a t-shirt.
 -Father told RP that if [REDACTED] "wants to pee on himself then he can wear a diaper".
 -RP told father this was unacceptable and father said [REDACTED] had a change of clothing in his backpack.
 [REDACTED] then proceeded to change into pink girl clothing with butterflies on them.
 -A student commented on [REDACTED] clothing and he told RP that he felt sad about having to wear the female clothing.
 [REDACTED] usually smells of urine but the school has been trying to work with father.
 -Father now says [REDACTED] does not have a medical condition and that he is just being lazy.
 -RP said father has mentioned that diapers are expensive in previous conversations.
 -Father says a grandfather has told [REDACTED] to urinate on himself.
 -The parents have agreed to counseling for [REDACTED] but only if they are allowed to be in the room.

NOTE: [REDACTED]

SAFETY ORGANIZED PRACTICE (SOP)

-Of all the things we talked about, what worries you the most? RP feels [REDACTED] is being abused
 -What do you feel needs to happen to keep the children safe? Someone to investigate the home and talk to [REDACTED]
 -What would you say is going well with the family? [REDACTED] is a sweet kid, great personality, made some friends, and tries to get all his work done

VICTIM (S):

CHILD(RENS) NAME (S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495

OTHER CHILDREN IN HOME:

OTHER CHILDREN NOT IN HOME: None

HOME ADDRESS:

LOCATION OF INCIDENT:

BACKGROUND CHECKS: Referral History: # of priors: 03

Referral History: Investigated By: [REDACTED] Closed: 09/18/2017,

Allegation(s): General Neglect / Physical Abuse / Severe Neglect, Disposition: Substantial Risk / Unfounded / Inconclusive

Case History: None Found

SUPERIOR COURT RECORDS:

"No criminal convictions found for mother and father. Further confirmation is needed through the Criminal Records Desk to ensure that this information is accurate and that there is no additional criminal record."

DETERMINED RESPONSE BY:

CROSS REPORT

-CWS: Date/Time: County/Screener Name: Referral #:

-L.E:

-D.A:

-CCL:

-CSEC:

NOTIFICATIONS: N/A

REPORTING PARTY INFORMATION: ***CONFIDENTIAL***

CALLER REFERRED TO:
LAW ENFORCEMENT AGENCY

POLICE REPORT NUMBER

HOME ADDRESS

PHONE NUMBER

ADDRESS COMMENTS

CURRENT LOCATION OF CHILD(REN)

CHILD(REN)S NAME (S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495**VICTIM INFORMATION**

NAME		AKA (if applicable)			SOCIAL SECURITY #	
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY
Year(s)					Not Asked	
SCHOOL/DAYCARE NAME						

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)

General Neglect

ALLEGED PERPETRATOR NAME

CASE WORKER NAME (FOR OPEN CASE)

PHONE # (FOR OPEN CASE)

CASELOAD #

VICTIM INFORMATION

NAME		AKA (if applicable)			SOCIAL SECURITY #	
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY
Year(s)					Not Asked	
SCHOOL/DAYCARE NAME						

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)

General Neglect

ALLEGED PERPETRATOR NAME

CASE WORKER NAME (FOR OPEN CASE)

PHONE # (FOR OPEN CASE)

CASELOAD #

OTHERS IN THE HOME

NAME		AKA (if applicable)		SOCIAL SECURITY #	
SEX	DATE OF BIRTH/AGE	LANGUAGE			
					WORK PHONE
ROLE	FOR/TO				
Mother (Birth)					
Mother (Birth)					
CASE WORKER NAME		PHONE #	CASELOAD #		

CHILD(REN) NAME (S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495

OTHERS IN THE HOME

NAME		AKA (if applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE
ROLE	FOR/TO		
Father (Alleged)			
Father (Birth)			
CASE WORKER NAME		PHONE #	CASELOAD #

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE
ROLE	FOR/TO		
ADDRESS			PRIMARY PHONE
CASE WORKER NAME		PHONE #	CASELOAD #

COLLATERAL INFORMATION

NAME		
ROLE	FOR/TO	
ADDRESS		
CONTACT DATE	CONTACT METHOD	DESCRIPTION

CHILD(REN'S) NAME(S)

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495

CROSS REPORT INFORMATION

AGENCY	OFFICIAL CONTACTED	TITLE
ADDRESS	PHONE NUMBER	BADGE NO.
CROSS REPORTED BY		DATE & TIME OF REPORT

REFERRAL HISTORY

REFERRAL ID 0695-4343-8603-7056091	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 0888-7456-9918-9025626	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 08/18/2017
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 1409-5348-5528-1025626	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 09/16/2013
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 1514-9049-1864-5053654	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 0265-5685-7201-6041495	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 03/13/2012
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 0238-8219-1038-9045700	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 08/18/2017
ALLEGATION TYPE General Neglect General Neglect Physical Abuse	ALLEGATION DISPOSITION Inconclusive Inconclusive Unfounded		

CHILD(REN)S NAME (S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495

REFERRAL HISTORY

REFERRAL ID 1547-2635-0269-1018705	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 10/22/1999
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 0695-4343-8603-7056091	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 0888-7456-9918-9025626	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 08/18/2017
ALLEGATION TYPE Emotional Abuse General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 1409-5348-5528-1025626	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 09/16/2013
ALLEGATION TYPE Physical Abuse	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 1514-9049-1864-5053654	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 0265-5685-7201-6041495	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 03/13/2012
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 0238-8219-1038-9045700	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 08/18/2017
ALLEGATION TYPE General Neglect General Neglect Physical Abuse Severe Neglect	ALLEGATION DISPOSITION Substantiated Substantiated Unfounded Inconclusive		

REFERRAL HISTORY

REFERRAL ID 0695-4343-8603-7056091	CLIENT NAME [REDACTED]	REFERRAL ROLE Perpetrator	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION		

CHILD(REN'S) NAME (S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0888-7456-9918-9025626		Perpetrator	08/18/2017
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Emotional Abuse			
General Neglect			
At Risk, sibling abused			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1514-9049-1864-5053654		Perpetrator	11/09/2017
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect			
General Neglect			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0265-5685-7201-6041495		Perpetrator	03/13/2012
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect	Unfounded		
At Risk, sibling abused	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0238-8219-1038-9045700		Perpetrator	08/18/2017
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect	Inconclusive		
General Neglect	Substantiated		
Physical Abuse	Unfounded		
Physical Abuse	Unfounded		
Severe Neglect	Inconclusive		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0695-4343-8603-7056091		Perpetrator	11/09/2017
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect			
General Neglect			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1514-9049-1864-5053654		Perpetrator	11/09/2017
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect			
General Neglect			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0238-8219-1038-9045700		Perpetrator	08/18/2017
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect	Inconclusive		
General Neglect	Substantiated		

CHILD(REN) NAME (S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495

REPORTER INFORMATION

NAME	AGENCY OR ORGANIZATION	RELATIONSHIP
ADDRESS	PRIMARY PHONE	
	SECONDARY PHONE	
CONTACT DATE	CONTACT METHOD	DESCRIPTION

ANONYMOUS REPORTER

MANDATED REPORTER

FAMILY INFORMED

APPLICATION FOR PETITION

CONFIDENTIALITY WAIVED

FEEDBACK REQUIRED

NAME OF AGENCY:	Riverside County DPS	DEPARTMENT:	West Corridor
STREET ADDRESS:			
CITY AND ZIP CODE:			
NAME OF SOCIAL WORKER:	CASELOAD ID:	COUNTY: Riverside	
		TELEPHONE:	
EMERGENCY RESPONSE NOTICE OF REFERRAL DISPOSITION			
NAME OF CHILD(REN):	CHILD ID NUMBER:		
	0439-8207-0641-6054804		
	1637-0430-6545-6041495		
	REFERRAL NUMBER:		
	1074-3898-8350-9050188		

The above named family or child was referred by you to this agency for Emergency Response intervention on:

11/09/2017

The result of the Initial Emergency Response intervention is:

- Does not meet the State requirements for intervention
- Allegations appear to be unfounded - case closed
- Allegations cannot be substantiated - case closed
- Situation stabilized - case closed
- Family has agreed to voluntary Social Services

Case open for service

(Worker)

(Phone #)

Referred to community agency

(Agency Name)

(Agency Phone #)

Referred to Juvenile Court for Investigation

COMMENTS:

(Caseload Number)

Children Soc Svcs Wrkr V

(Title)

(Date)

(Telephone Number)

NAME OF AGENCY:	Riverside County S-CPS Command Post	DATE: 02/06/2018
STREET ADDRESS:	[REDACTED]	
CITY AND ZIP CODE:	[REDACTED]	
NAME OF SOCIAL WORKER:	CASELOAD ID :	TELEPHONE
EMERGENCY RESPONSE REFERRAL INFORMATION		

REFERRAL NAME: [REDACTED] REFERRAL NUMBER: 1391-6923-7439-0052361

<input type="checkbox"/> NA	<input type="checkbox"/> EVALUATE OUT	<input type="checkbox"/> IMMEDIATE	<input type="checkbox"/> 3 DAY	<input type="checkbox"/> 5 DAY	<input checked="" type="checkbox"/> X 10 DAY	<input type="checkbox"/> N/A SECONDARY REPORT
-----------------------------	---------------------------------------	------------------------------------	--------------------------------	--------------------------------	--	---

SCREENER INFORMATION		
NAME	TITLE	DATE
[REDACTED]	Intake Specialist	02/06/2018
CASELOAD ID	PHONE NUMBER	TIME
[REDACTED]	[REDACTED]	09:01am
ALERTS:	LOCATION	
ALERT:	Command Post	

LANGUAGE: English

ETHNICITY: White

ICWA Eligibility: Unknown

ALLEGATIONS: General Neglect

Summary of Allegations -

RP reported the following:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

-RP believes the children reside with father at the listed address and mother resides in her car.

-As far as RP knows the parents are not together but are trying to work things out.

1) Of all the things we talked about, what worries you the most?

[REDACTED] wondering about the circumstances at home

2) What do you feel needs to happen to keep the children safe?

They need to have a consistent place to sleep

3) What would you say is going well with the family?

Children have good attendance at school; [REDACTED] is very bright and the children are adorable

VICTIM(S):

[REDACTED]

OTHER CHILDREN IN HOME: None

OTHER CHILDREN NOT IN HOME: None

HOME ADDRESS: [REDACTED]

CHILD(REN) NAME (S)

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495

LOCATION OF INCIDENT: [REDACTED]

NAME OF SCHOOL: [REDACTED]

Address: [REDACTED]

Telephone: [REDACTED]

Time Child Attends: [REDACTED]

BACKGROUND CHECKS:

Referral History: # of closed priors - 4

Investigated by: [REDACTED] Closed: 12/14/17, Allegation: General Neglect (Inconclusive)

Case History: None

- Superior Court Records:

- No criminal charges/convictions found. Further confirmation is needed through Judicial Access.

DETERMINED RESPONSE BY: [REDACTED]

CROSS REPORT

CWS:

L.E.:

D.A.:

CCL:

CSEC

NOTIFICATIONS:

REPORTING PARTY INFORMATION: ***CONFIDENTIAL***

LAW ENFORCEMENT AGENCY

POLICE REPORT NUMBER

HOME ADDRESS

ADDRESS COMMENTS

CURRENT LOCATION OF CHILD(REN)

PHONE NUMBER

CHILD(RENS) NAME (S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495**VICTIM INFORMATION**

NAME					AKA (If applicable)	SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY
Year (s)					Not Asked	
SCHOOL/DAYCARE NAME						

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)					ALLEGED PERPETRATOR NAME	
General Neglect					[REDACTED]	
General Neglect					[REDACTED]	
CASE WORKER NAME (FOR OPEN CASE)					PHONE # (FOR OPEN CASE)	CASELOAD #
[REDACTED]						

VICTIM INFORMATION

NAME					AKA (If applicable)	SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY
Year (s)					Not Asked	
SCHOOL/DAYCARE NAME						

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)					ALLEGED PERPETRATOR NAME	
General Neglect					[REDACTED]	
General Neglect					[REDACTED]	
CASE WORKER NAME (FOR OPEN CASE)					PHONE # (FOR OPEN CASE)	CASELOAD #
[REDACTED]						

OTHERS IN THE HOME

NAME					AKA (If applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE		LANGUAGE	WORK PHONE		
ROLE	FOR/TO		[REDACTED]			
Father (Alleged)		[REDACTED]		[REDACTED]		
Father (Birth)		[REDACTED]		[REDACTED]		
CASE WORKER NAME					PHONE #	CASELOAD #
[REDACTED]						

CHILD(REN) NAME (S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495**OTHERS NOT IN THE HOME**

NAME	AKA (if applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE
F		
ROLE	FOR/TO	WORK PHONE
Mother (Birth)		
Mother (Birth)		
ADDRESS	PRIMARY PHONE	
Unknown		
Unknown, California		
CASE WORKER NAME	PHONE #	CASELOAD #

COLLATERAL INFORMATION

NAME		
ROLE	FOR/TO	
ADDRESS	PRIMARY PHONE	
CONTACT DATE	CONTACT METHOD	DESCRIPTION

CROSS REPORT INFORMATION

AGENCY	OFFICIAL CONTACTED	TITLE
ADDRESS	PHONE NUMBER	BADGE NO.
CROSS REPORTED BY	DATE & TIME OF REPORT	

REFERRAL HISTORY

REFERRAL ID 0695-4343-8603-7056091	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION		

CHILD(REN'S) NAME (S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495**REFERRAL HISTORY**

REFERRAL ID 0888-7456-9918-9025626	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 08/18/2017
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 1074-3898-8350-9050188	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 1409-5348-5528-1025626	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 09/16/2013
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 1514-9049-1864-5053654	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION Inconclusive Inconclusive		

REFERRAL HISTORY

REFERRAL ID 0265-5685-7201-6041495	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 03/13/2012
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 0238-8219-1038-9045700	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 08/18/2017
ALLEGATION TYPE General Neglect General Neglect Physical Abuse	ALLEGATION DISPOSITION Inconclusive Inconclusive Unfounded		

REFERRAL HISTORY

REFERRAL ID 1547-2635-0269-1018705	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 10/22/1999
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 0695-4343-8603-7056091	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION		

CHILD(REN) NAME (S)

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495**REFERRAL HISTORY**

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0888-7456-9918-9025626		Victim	08/18/2017
ALLEGATION TYPE Emotional Abuse General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1074-3898-8350-9050188		Victim	11/09/2017
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1409-5348-5528-1025626		Victim	09/16/2013
ALLEGATION TYPE Physical Abuse	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1514-9049-1864-5053654		Victim	11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION Inconclusive Inconclusive		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0265-5685-7201-6041495		Victim	03/13/2012
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0238-8219-1038-9045700		Victim	08/18/2017
ALLEGATION TYPE General Neglect General Neglect Physical Abuse Severe Neglect	ALLEGATION DISPOSITION Substantiated Substantiated Unfounded Inconclusive		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0695-4343-8603-7056091		Perpetrator	11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0888-7456-9918-9025626		Perpetrator	08/18/2017
ALLEGATION TYPE Emotional Abuse General Neglect At Risk, sibling abused	ALLEGATION DISPOSITION		

CHILD(REN)S NAME (S)

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1514-9049-1864-5053654		Perpetrator	11/09/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Inconclusive	
General Neglect		Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0265-5685-7201-6041495		Perpetrator	03/13/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0238-8219-1038-9045700		Perpetrator	08/18/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Inconclusive	
General Neglect		Substantiated	
Physical Abuse		Unfounded	
Physical Abuse		Unfounded	
Severe Neglect		Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0695-4343-8603-7056091		Perpetrator	11/09/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect			
General Neglect			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1514-9049-1864-5053654		Perpetrator	11/09/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Inconclusive	
General Neglect		Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0238-8219-1038-9045700		Perpetrator	08/18/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Inconclusive	
General Neglect		Substantiated	

CHILD(RENS) NAME (S)

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495

REPORTER INFORMATION

NAME	AGENCY OR ORGANIZATION	RELATIONSHIP
ADDRESS	PRIMARY PHONE	
	SECONDARY PHONE	
CONTACT DATE	CONTACT METHOD	DESCRIPTION

ANONYMOUS REPORTER

MANDATED REPORTER

FAMILY INFORMED

APPLICATION FOR PETITION

CONFIDENTIALITY WAIVED

FEEDBACK REQUIRED



Safety Assessment

Referral ID:	1391-6923-7439-0052361	Assessment Date:	2/15/2018
Referral Name:	[REDACTED]		
Approval Status:	Submitted by [REDACTED] (2/22/2018)	Approval Unit:	7B20 [REDACTED]
Created by:	[REDACTED] (2/22/2018)	Last Update by:	[REDACTED] (2/22/2018)
Household Name:	[REDACTED]		
Assessment Type:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review/Update <input type="checkbox"/> Referral Closing		
Were there allegations in this household? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Is either caregiver Native American or a person with Indian ancestry?

Yes No Parent not available Parent unsure

Factors Influencing Child Vulnerability

- Age 0 - 5 years
- Significant diagnosed medical or mental disorder
- Not readily accessible to community oversight
- Diminished mental capacity (e.g., developmental delay, non-verbal)
- Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)

Section 1: Safety Threats and Protective Capacities

Part A: Safety Threats

Instructions: Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe safety threat is present. Mark "Yes" for all threats that apply. Mark "No" for any threats that do not apply.

1. Yes Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:
 - Serious injury or abuse to child other than accidental.
 - Caregiver fears he/she will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Domestic violence likely to injure child.
 - Excessive discipline or physical force.
 - Drug-/alcohol-exposed infant.
2. Yes Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Yes Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
4. Yes The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
5. Yes Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
6. Yes Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
7. Yes Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
8. Yes The family refuses access to the child, or there is reason to believe that the family is about to flee.
9. Yes Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident.

10. Yes Other (specify): _____

No

Section 2: Household Strengths and Protective Actions

Household Strengths: These are resources and conditions that increase the likelihood or ability to create safety for a child but in and of themselves do not fully address the safety threats.

Protective Actions: These are specific actions, taken by one of the child's current caregivers or by the child, that mitigate identified safety threats in the household.

Household strengths and protective actions should be assessed, considered, and built upon when creating a safety plan. Mark all that apply to the household.

Caregiver problem solving

Household Strengths:	<input type="checkbox"/> At least one caregiver identifies and acknowledges the problem/safety threat(s) and suggests possible solutions.
Protective Actions:	<input type="checkbox"/> At least one caregiver articulates specific strategies that, in the past, have been at least partially successful in mitigating the identified safety threat(s).

Caregiver support network

Household Strengths:	<input type="checkbox"/> At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network.
	<input type="checkbox"/> At least one non-offending caregiver exists and is willing and able to protect the child from future harm.
	<input type="checkbox"/> At least one caregiver is willing to work with the agency to mitigate safety threats, including allowing the caseworker(s) access to the child.
Protective Actions:	<input type="checkbox"/> At least one caregiver has a stable support network that is aware of the safety threat(s), has been or is responding to the threat(s), and is willing to help the child.

Child problem solving

Household Strengths:	<input type="checkbox"/> At least one child is emotionally/intellectually capable of acting to protect him/herself from a safety threat.
Protective Actions:	<input type="checkbox"/> At least one child, in the past or currently, acts in ways that protect him/herself from a safety threat(s).

Child support network

Household Strengths:	<input type="checkbox"/> At least one child is aware of his/her support network members and knows how to contact these individuals when needed.
Protective Actions:	<input type="checkbox"/> At least one child has successfully pursued support, in the past or currently, from a member of his/her support network, and that person(s) was/were successful.

Other

Household Strengths:	<input type="checkbox"/> Other (specify): _____
Protective Actions:	<input type="checkbox"/> Other (specify): _____

Section 3: Safety Interventions

No safety threats are present. Safety interventions not required.

Section 4: Safety Decision

Instructions: The safety decision will be automatically selected below. The decision generated is based on your responses to the safety threats and safety interventions above.

Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

Safe With Plan. One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protecting interventions have been initiated through a safety plan, and the child will remain in the home as long as the safety interventions mitigate the safety threats.

Unsafe. One or more safety threats are present, and placement is the only protecting intervention possible for one or more children.

Without placement, one or more children will likely be in danger of immediate or serious harm.

Comments

Staff Person Comments:

Supervisor Comments:



Risk Assessment

Referral ID:	1391-6923-7439-0052361	Assessment Date:	3/15/2018
Referral Name:		County of Completion:	Riverside
Approval Status:	Submitted by (3/15/2018)	Approval Unit:	7B20 -
Created by:	(3/15/2018)	Last Update by:	(3/15/2018)

Prior Investigations

1. Prior neglect investigations

- a. No prior neglect investigations
- b. One prior neglect investigation
- c. Two prior neglect investigations
- d. Three or more prior neglect investigations

	Neglect	Abuse
2	1	
0	0	
0	1	
1	1	
2	1	

2. Prior abuse investigations

- a. No prior abuse investigations
- b. One prior abuse investigation
- c. Two prior abuse investigations
- d. Three or more prior abuse investigations

1	1
0	0
1	0
1	1
1	2

3. Household has previous or current open ongoing CPS case (voluntary/court-ordered)

- a. No
- b. Yes, but not open at the time of this referral
- c. Yes, household has open CPS case at the time of this referral

0	0
0	0
1	1
2	2

4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse of a child

- a. None/not applicable
- b. One or more apply (mark all applicable):
 - Prior physical injury to a child resulting from child abuse/neglect
 - Prior substantiated physical abuse of a child

0	0
0	0
0	1

Current Investigations

5. Current report maltreatment type (mark all applicable):

- a. Neglect
- b. Physical and/or emotional abuse
- c. None of the above

	Neglect	Abuse
1	0	
0	1	
0	0	

6. Number of children involved in the child abuse/neglect incident

- a. One, two, or three
- b. Four or more

0	0
0	0
1	1

7. Primary caregiver assessment of the incident

- a. Caregiver does not blame the child
- b. Caregiver blames the child

0	0
0	0
0	1

Family Characteristics

	Neglect	Abuse
--	---------	-------

8. Age of youngest child in the home

a. 2 years or older
 b. Under 2

0	0
0	0
1	0

9. Characteristics of children in the household

a. Not applicable
 b. One or more present (mark all applicable):
 Mental health or behavioral problems
 Developmental disability
 Learning disability
 Physical disability
 Medically fragile or failure to thrive

1	1
0	0
1	*

10. Housing

a. Household has physically safe housing
 b. One or more apply (mark all applicable):
 Physically unsafe; AND/OR
 Family homeless

0	0
0	0
1	0

11. Incidents of domestic violence in the household in the past year

a. None or one incident of domestic violence
 b. Two or more incidents of domestic violence

0	0
0	0
0	1

12. Primary caregiver disciplinary practices

a. Employs appropriate discipline
 b. Employs excessive/inappropriate discipline

0	0
0	0
0	1

13. Primary or secondary caregiver history of abuse or neglect as a child

a. No history of abuse or neglect for either caregiver
 b. One or both caregivers have a history of abuse or neglect as a child

0	0
0	0
1	1

14. Primary or secondary caregiver mental health

a. No past or current mental health problem
 b. Past or current mental health problem (mark all applicable):
 During the past 12 months
 Prior to the last 12 months

0	0
0	0
1	1

15. Primary or secondary caregiver alcohol and/or drug use

a. No past or current alcohol/drug use that interferes with family functioning
 b. Past or current alcohol drug use that interferes with family functioning (mark all applicable):

0	0
0	0
1	1

Alcohol

During the past 12 months
 Prior to the last 12 months

Drugs

During the past 12 months
 Prior to the last 12 months

16. Primary or secondary caregiver criminal arrest history

a. Does not have criminal arrests
 b. Either caregiver has one or more criminal arrests

0	0
0	0
1	0

Total Score: 5 - 3

Scoring and Overrides

Scored Risk Level

Neglect Risk Level: Moderate**Abuse Risk Level: Moderate****Scored Risk Level: Moderate****Overrides**

Instructions: If there are no overrides, select "No override"; the risk level will remain the same. If there is a policy override, select the appropriate override; the risk level will become very high. If you select a discretionary override, the risk level will increase one level, and you must enter a reason in the box provided.

Policy Overrides (Increases risk level to very high)

Policy override

- Sexual abuse case AND the perpetrator is likely to have access to the child
- Non-accidental injury to a child under age 2
- Severe non-accidental injury
- Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current)

Discretionary Overrides (Increases risk level one level)

Discretionary override

Override Risk Level:

Discretionary Override Reason:**No Overrides (no change to risk level)**

No override

Final Risk LevelThe final risk level is: **Moderate****Recommended Decision**The recommended decision is: **Do Not Promote**Planned action: Promote Do not promote

If recommended decision and planned action do not match, explain why:

Supplemental Questions

1. Either caregiver demonstrates difficulty accepting one or more children's gender or sexual orientation.

a. No
 b. Yes

2. Alleged perpetrator is an unmarried partner of the primary caregiver.

a. No
 b. Yes

3. Another adult in the household provides unsupervised child care to a child under the age of 3.

a. Not applicable
 b. No
 c. Yes

Is the other adult in the household employed? No Yes

4. Either caregiver is isolated in the community.

a. No
 b. Yes

5. Caregiver has provided safe and stable housing for at least the past 12 months.

a. No

b. Yes

Comments

Staff Person Comments:

Supervisor Comments:

NAME OF AGENCY:	Riverside County DF	DEPARTMENT:	West Corridor
STREET ADDRESS:			
CITY AND ZIP CODE:		COUNTY:	Riverside
NAME OF SOCIAL WORKER		CASELOAD ID	
			TELEPHONE
EMERGENCY RESPONSE NOTICE OF REFERRAL DISPOSITION			
NAME OF CHILD(REN)		CHILD ID NUMBER	
		0439-8207-0641-6054804	
		1637-0430-6545-6041495	
		REFERRAL NUMBER	
		1391-6923-7439-0052361	

The above named family or child was referred by you to this agency for Emergency Response Intervention on: 02/06/2018

The result of the Initial Emergency Response Intervention is:

- Does not meet the State requirements for intervention
- Allegations appear to be unfounded - case closed
- Allegations cannot be substantiated - case closed
- Situation stabilized - case closed
- Family has agreed to voluntary Social Services
- Case open for service

(Worker)

(Phone #)

- Referred to community agency

(Agency Name)

(Agency Phone #)

- Referred to Juvenile Court for Investigation

COMMENTS:

3/15/18
(Date)

(Caseload Number)

CSSW V

(Title)

(Telephone Number)

NAME OF AGENCY:	Riverside County, S-CPS Command Post	DATE: 03/13/2019
STREET ADDRESS:		
CITY AND ZIP CODE:		
NAME OF SOCIAL WORKER:		
		COUNTY: Riverside
		CASELOAD ID: [REDACTED]
		TELEPHONE [REDACTED]

EMERGENCY RESPONSE REFERRAL INFORMATION

REFERRAL NAME: [REDACTED]

NA

EVALUATE OUT

IMMEDIATE

3 DAY

5 DAY

X

10 DAY

N/A SECONDARY REPORT

REFERRAL NUMBER: 1286-9286-4677-5056090

SCREENER INFORMATION		
NAME	TITLE	DATE
[REDACTED]	Intake Specialist	03/12/2019
CASELOAD #	PHONE NUMBER	TIME
[REDACTED]	[REDACTED]	10:11pm
ALERTS:	LOCATION	
ALERT: None	Command Post	

LANGUAGE: English

ETHNICITY: Hispanic

ICWA Eligibility: None

ALLEGATIONS: General Neglect

Summary of Allegations -

- Per mother, she and father share 50/50 court order custody of [REDACTED] and 90/10 custody of [REDACTED], but she has allowed [REDACTED] to primarily reside with father.
- On 03/12/19 at 6:56 pm, mother requested a welfare check as she's not been able to see [REDACTED] after father said he's been missing.
- Mother explained she dropped off [REDACTED] with father on Saturday (03/02/19) and on Friday (03/08/19), she attempted to see [REDACTED] and father said [REDACTED] went missing on Wednesday (03/06/19), but not to worry because he would take care of it.
- Mother said to have questioned father if he called the police to report [REDACTED] missing and father said he had not and not to worry because he would handle it.
- Per mother, father picked up [REDACTED] from the grandparent's home last week and kept her in his care; the grandparents spoke to [REDACTED] today (03/12/19) via "FaceTime", but failed to ask her regarding [REDACTED].
- Mother admitted she and the family have been aware of father's allegations of [REDACTED] being missing and no one called the police until today (03/12/19); mother could not explain why a missing child report had not been filed.
- Reporting party said there was no answer in father's home despite his vehicle parked on site; father is not answering his phone either.
- Per reporting party, a search warrant is being requested to go into father's home and check on the children.
- Police incident number: #19-2605.
- No further information was given.

NOTE: On 03/13/19 at 6:03 am, reporting party said a SWAT warrant was done after learning father was possibly in possession of weapons and it is unknown what his current mind set is. Reporting party said the warrant was being handled by Detective [REDACTED]

SAFETY ORGANIZED PRACTICE (SOP)

- 1). Of all the things we talked about, what worries you the most? "The welfare and safety of the children specially of [REDACTED] who father claims to be missing, but no report has been filed."

CHILD(REN) NAME (S)

CHILD I.D.#
0439-8207-0641-6054804
1637-0430-6545-6041495

- 2). What do you feel needs to happen to keep the children safe? A follow up investigation.
- 3). What would you say is going well with the family? Unknown

VICTIM(S):

OTHER CHILDREN IN HOME: None

OTHER CHILDREN NOT IN HOME: None

HOME ADDRESS:

LOCATION OF INCIDENT:

NAME OF SCHOOL: Homeschooled

BACKGROUND CHECKS:

Referral History: 8 Priors. (Orange and Riverside Counties)

Investigated by: [REDACTED], Closed: 03/20/18, Allegation(s): General Neglect, Dispo: Inconclusive

Case History: None found

Superior Court Records: No criminal charges/convictions found. Further confirmation is needed through Judicial Access.

DETERMINED RESPONSE:

CROSS REPORT

CWS: Date/Time: , County: , Screener: , Ref #:

L.E.: #19-2605

D.A:

CCL:

CSEC:

NOTIFICATIONS:

REPORTING PARTY INFORMATION: ***CONFIDENTIAL***

CALLER REFERRED TO:

LAW ENFORCEMENT AGENCY

POLICE REPORT NUMBER

19-2605

HOME ADDRESS

PHONE NUMBER

ADDRESS COMMENTS Address verified on USPS.com

CURRENT LOCATION OF CHILD(REN)

Children are with father at common address; mother is homeless, [REDACTED]

CHILD(RENS) NAME (S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495**VICTIM INFORMATION**

NAME					AKA (if applicable)	SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY
Year (s)					Not Asked	
SCHOOL/DAYCARE NAME						

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)					ALLEGED PERPETRATOR NAME	
General Neglect						
General Neglect						
CASE WORKER NAME (FOR OPEN CASE)					PHONE # (FOR OPEN CASE)	CASELOAD #

VICTIM INFORMATION

NAME					AKA (if applicable)	SOCIAL SECURITY #
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY
Year (s)					Not Asked	
SCHOOL/DAYCARE NAME						

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)					ALLEGED PERPETRATOR NAME	
General Neglect						
General Neglect						
CASE WORKER NAME (FOR OPEN CASE)					PHONE # (FOR OPEN CASE)	CASELOAD #

OTHERS IN THE HOME

NAME					AKA (if applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE				WORK PHONE
ROLE	FOR/TO					
Father (Birth)						
Father (Birth)						
CASE WORKER NAME					PHONE #	CASELOAD #

CHILD(RENS) NAME (S)

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE
ROLE	FOR/TO		
Mother (Birth)			
Mother (Birth)			
ADDRESS	PRIMARY PHONE		
Unknown			
Unknown, California			
CASE WORKER NAME	PHONE #	CASELOAD #	

COLLATERAL INFORMATION

NAME		
ROLE	FOR/TO	
ADDRESS	PRIMARY PHONE	
CONTACT DATE	CONTACT METHOD	DESCRIPTION

CROSS REPORT INFORMATION

AGENCY	OFFICIAL CONTACTED	TITLE
ADDRESS	PHONE NUMBER	BADGE NO.
CROSS REPORTED BY	DATE & TIME OF REPORT	

REFERRAL HISTORY

REFERRAL ID 0695-4343-8603-7056091	CLIENT NAME	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION		

CHILD(REN'S) NAME (S)

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0888-7456-9918-9025626		Victim	08/18/2017
ALLEGATION TYPE At Risk, sibling abused		ALLEGATION DISPOSITION	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1074-3898-8350-9050188		Victim	11/09/2017
ALLEGATION TYPE General Neglect		ALLEGATION DISPOSITION	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1409-5348-5528-1025626		Victim	09/16/2013
ALLEGATION TYPE At Risk, sibling abused		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1391-6923-7439-0052361		Victim	02/06/2018
ALLEGATION TYPE General Neglect General Neglect		ALLEGATION DISPOSITION Inconclusive Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1514-9049-1864-5053654		Victim	11/09/2017
ALLEGATION TYPE General Neglect General Neglect		ALLEGATION DISPOSITION Inconclusive Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0265-5685-7201-6041495		Victim	03/13/2012
ALLEGATION TYPE General Neglect		ALLEGATION DISPOSITION Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0238-8219-1038-9045700		Victim	08/18/2017
ALLEGATION TYPE General Neglect General Neglect Physical Abuse		ALLEGATION DISPOSITION Inconclusive Inconclusive Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1547-2635-0269-1018705		Victim	10/22/1999
ALLEGATION TYPE General Neglect		ALLEGATION DISPOSITION Unfounded	

CHILD(REN) NAME(S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495**REFERRAL HISTORY**

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0695-4343-8603-7056091		Victim	11/09/2017
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect			
General Neglect			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0888-7456-9918-9025626		Victim	08/18/2017
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Emotional Abuse			
General Neglect			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1074-3898-8350-9050188		Victim	11/09/2017
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1409-5348-5528-1025626		Victim	09/16/2013
ALLEGATION TYPE	ALLEGATION DISPOSITION		
Physical Abuse	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1391-6923-7439-0052361		Victim	02/06/2018
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect	Inconclusive		
General Neglect	Inconclusive		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1514-9049-1864-5053654		Victim	11/09/2017
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect	Inconclusive		
General Neglect	Inconclusive		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0265-5685-7201-6041495		Victim	03/13/2012
ALLEGATION TYPE	ALLEGATION DISPOSITION		
At Risk, sibling abused	Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0238-8219-1038-9045700		Victim	08/18/2017
ALLEGATION TYPE	ALLEGATION DISPOSITION		
General Neglect	Substantiated		
General Neglect	Substantiated		
Physical Abuse	Unfounded		
Severe Neglect	Inconclusive		

CHILD(REN) NAME (S)

CHILD I.D. #
0439-8207-0641-6054804
1637-0430-6545-6041495**REFERRAL HISTORY**

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0695-4343-8603-7056091		Perpetrator	11/09/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect			
General Neglect			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0888-7456-9918-9025626		Perpetrator	08/18/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
Emotional Abuse			
General Neglect			
At Risk, sibling abused			

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1391-6923-7439-0052361		Perpetrator	02/06/2018
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Inconclusive	
General Neglect		Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1514-9049-1864-5053654		Perpetrator	11/09/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Inconclusive	
General Neglect		Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0265-5685-7201-6041495		Perpetrator	03/13/2012
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Unfounded	
At Risk, sibling abused		Unfounded	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0238-8219-1038-9045700		Perpetrator	08/18/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Inconclusive	
General Neglect		Substantiated	
Physical Abuse		Unfounded	
Physical Abuse		Unfounded	
Severe Neglect		Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0695-4343-8603-7056091		Perpetrator	11/09/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect			
General Neglect			

CHILD(RENS) NAME (S)

CHILD I.D. #

0439-8207-0641-6054804
1637-0430-6545-6041495**REFERRAL HISTORY**

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1391-6923-7439-0052361		Perpetrator	02/06/2018
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Inconclusive	
General Neglect		Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1514-9049-1864-5053654		Perpetrator	11/09/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Inconclusive	
General Neglect		Inconclusive	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0238-8219-1038-9045700		Perpetrator	08/18/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect		Inconclusive	
General Neglect		Substantiated	

REPORTER INFORMATION

NAME	AGENCY OR ORGANIZATION	RELATIONSHIP
ADDRESS		PRIMARY PHONE
		SECONDARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

 ANONYMOUS REPORTER MANDATED REPORTER FAMILY INFORMED APPLICATION FOR PETITION CONFIDENTIALITY WAIVED FEEDBACK REQUIRED



Safety Assessment

Referral ID:	1286-9286-4677-5056090	Assessment Date:	3/13/2019
Referral Name:		County of Completion:	Riverside
Approval Status:	Approved by [REDACTED] (3/20/2019)	Approval Unit:	7B70 - ER/CDU [REDACTED]
Created by:	[REDACTED] (3/14/2019)	Last Update by:	[REDACTED] (3/14/2019)
Household Name:	[REDACTED]	Were there allegations in this household?	
Assessment Type:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review/Update <input type="checkbox"/> Referral Closing		

Is either caregiver Native American or a person with Indian ancestry?

Yes No Parent not available Parent unsure

Factors Influencing Child Vulnerability

- Age 0 - 5 years
- Significant diagnosed medical or mental disorder
- Not readily accessible to community oversight
- Diminished mental capacity (e.g., developmental delay, non-verbal)
- Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)

Section 1: Safety Threats and Protective Capacities

Part A: Safety Threats

Instructions: Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe safety threat is present. Mark "Yes" for all threats that apply. Mark "No" for any threats that do not apply.

1. Yes No Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:
 - Serious injury or abuse to child other than accidental.
 - Caregiver fears he/she will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Domestic violence likely to injure child.
 - Excessive discipline or physical force.
 - Drug/alcohol-exposed infant.
2. Yes No Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Yes No Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
4. Yes No The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
5. Yes No Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
6. Yes No Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
7. Yes No Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
8. Yes No The family refuses access to the child, or there is reason to believe that the family is about to flee.
9. Yes No Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the

caregiver's response to previous incident:

10. Yes
 No

Other (specify):

The child, [REDACTED] is missing, and has been missing since 03/06/19 according to the allegations. The parents were both arrested by [REDACTED] with Child Abuse related charges.

Section 1A: Caregiver Complicating Behaviors

Instructions: If any safety threats above are marked yes, indicate whether any of the following behaviors are present. These are conditions that make it more difficult or complicated to create safety for a child but do not by themselves create a safety threat. These behaviors must be considered when assessing for and planning to mitigate safety threats with a safety plan. Mark all that apply to the household.

- Substance abuse
- Developmental/cognitive impairment
- Domestic violence
- Physical condition
- Mental health
- Other (specify): [REDACTED]

Section 2: Household Strengths and Protective Actions

Household Strengths: These are resources and conditions that increase the likelihood or ability to create safety for a child but in and of themselves do not fully address the safety threats.

Protective Actions: These are specific actions, taken by one of the child's current caregivers or by the child, that mitigate identified safety threats in the household.

Household strengths and protective actions should be assessed, considered, and built upon when creating a safety plan. Mark all that apply to the household.

Caregiver problem solving**Household Strengths:**

- At least one caregiver identifies and acknowledges the problem/safety threat(s) and suggests possible solutions.

Protective Actions:

- At least one caregiver articulates specific strategies that, in the past, have been at least partially successful in mitigating the identified safety threat(s).

Caregiver support network**Household Strengths:**

- At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network.

- At least one non-offending caregiver exists and is willing and able to protect the child from future harm.

- At least one caregiver is willing to work with the agency to mitigate safety threats, including allowing the caseworker(s) access to the child.

Protective Actions:

- At least one caregiver has a stable support network that is aware of the safety threat(s), has been or is responding to the threat(s), and is willing to assist the child.

Child problem solving**Household Strengths:**

- At least one child is emotionally/intellectually capable of acting to protect him/herself from a safety threat.

Protective Actions:

- At least one child, in the past or currently, acts in ways that protect him/herself from a safety threat(s).

Child support network**Household Strengths:**

- At least one child is aware of his/her support network members and knows how to contact these individuals when needed.

Protective Actions:

- At least one child has successfully pursued support, in the past or currently, from a member of his/her support network, and that person(s) was helpful.

Other**Household Strengths:**

- Other (specify): [REDACTED]

Protective Actions:

- Other (specify): [REDACTED]

Section 3: Safety Interventions

Instructions: For each identified safety threat, review available protective capacities. With these protective capacities in place, can the following interventions control the threat to safety? Consider whether the threat to safety appears related to the caregiver's knowledge, skill, or motivational issue.

If one or more safety threats are present, consider whether safety interventions 1-8 will allow the child to remain in the home for the present time. If protective capacities 2, 3, and/or 7 are not marked, carefully consider whether any safety interventions 1-8 are appropriate to immediately protect the child. Mark the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by marking item 9 or 10, and follow procedures for initiating a voluntary agreement for taking the child into protective custody. A safety plan form is provided to systematically capture interventions and facilitate follow-through.

Safe With Plan

One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protective interventions have been initiated through a safety plan, and the child will remain in the home as long as the safety interventions mitigate the safety threats. Mark all in-home interventions used in the safety plan.

1. Intervention or direct services by worker. (DO NOT include the investigation itself.)
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as safety resources.
4. Use of tribal, Indian community service agency, and/or ICWA program resources.
5. Have the caregiver appropriately protect the victim from the alleged perpetrator.
6. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
7. Have the non-offending caregiver move to a safe environment with the child.
8. Legal action planned or initiated - the child remains in the home.
9. Other (specify):

Unsafe

One or more safety threats are present, and placement is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm. Check one response only.

10. Have the caregiver voluntarily place the child outside the home, consistent with WIC 11400(o) and (p).
11. Child placed in protective custody because interventions 1-9 do not adequately ensure the child's safety.

Section 4: Safety Decision

Instructions: The safety decision will be automatically selected below. The decision generated is based on your responses to the safety threats and safety interventions above.

Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

Safe With Plan. One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protecting interventions have been initiated through a safety plan, and the child will remain in the home as long as the safety interventions mitigate the safety threats.

Unsafe. One or more safety threats are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

Comments

Staff Person Comments:

Supervisor Comments:



Risk Assessment

Referral ID:	1286-9286-4677-5056090	Assessment Date:	3/20/2019
Referral Name:		County of Completion:	Riverside
Approval Status:	Submitted by [REDACTED] (3/20/2019)	Approval Unit:	7700 - ER/CDU - [REDACTED]
Created by:	[REDACTED] (3/20/2019)	Last Update by:	[REDACTED] (3/20/2019)

Prior Investigations

	Neglect	Abuse
1. Prior neglect Investigations		
a. No prior neglect investigations	2	1
b. One prior neglect investigation	0	0
c. Two prior neglect investigations	0	1
d. Three or more prior neglect investigations	1	1
	2	1
2. Prior abuse Investigations		
a. No prior abuse investigations	1	1
b. One prior abuse investigation	0	0
c. Two prior abuse investigations	1	0
d. Three or more prior abuse investigations	1	1
	1	2
3. Household has previous or current open ongoing CPS case (voluntary/court-ordered)		
a. No	0	0
b. Yes, but not open at the time of this referral	0	0
c. Yes, household has open CPS case at the time of this referral	1	1
	2	2
4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse of a child		
a. None/not applicable	0	0
b. One or more apply (mark all applicable):	0	0
Prior physical injury to a child resulting from child abuse/neglect	0	1
Prior substantiated physical abuse of a child		

Current Investigations

	Neglect	Abuse
5. Current report maltreatment type (mark all applicable):		
a. Neglect	1	0
b. Physical and/or emotional abuse	0	1
c. None of the above	0	0
6. Number of children involved in the child abuse/neglect incident		
a. One, two, or three	0	0
b. Four or more	1	1
7. Primary caregiver assessment of the incident		
a. Caregiver does not blame the child	0	0
b. Caregiver blames the child	0	1

Family Characteristics

Neglect Abuse

8. Age of youngest child in the home	0	0
a. 2 years or older	0	0
b. Under 2	1	0
9. Characteristics of children in the household	1	1
a. Not applicable	0	0
b. One or more present (mark all applicable):	1	*
Mental health or behavioral problems		
Developmental disability		
Learning disability		
Physical disability		
Medically fragile or failure to thrive		
10. Housing	0	0
a. Household has physically safe housing	0	0
b. One or more apply (mark all applicable):	1	0
Physically unsafe; AND/OR		
Family homeless		
11. Incidents of domestic violence in the household in the past year	0	0
a. None or one incident of domestic violence	0	0
b. Two or more incidents of domestic violence	0	1
12. Primary caregiver disciplinary practices	0	1
a. Employs appropriate discipline	0	0
b. Employs excessive/inappropriate discipline	0	1
13. Primary or secondary caregiver history of abuse or neglect as a child	0	0
a. No history of abuse or neglect for either caregiver	0	0
b. One or both caregivers have a history of abuse or neglect as a child	1	1
14. Primary or secondary caregiver mental health	1	1
a. No past or current mental health problem	0	0
b. Past or current mental health problem (mark all applicable):	1	1
During the past 12 months		
Prior to the last 12 months		
15. Primary or secondary caregiver alcohol and/or drug use	0	0
a. No past or current alcohol/drug use that interferes with family functioning	0	0
b. Past or current alcohol drug use that interferes with family functioning (mark all applicable):	1	1
Alcohol		
During the past 12 months		
Prior to the last 12 months		
Drugs		
During the past 12 months		
Prior to the last 12 months		
16. Primary or secondary caregiver criminal arrest history	1	0
a. Does not have criminal arrests	0	0
b. Either caregiver has one or more criminal arrests	1	0

Total Score: 7 5

Scored Risk Level**Neglect Risk Level: High****Abuse Risk Level: High****Scored Risk Level: High****Overrides**

Instructions: If there are no overrides, select "No override"; the risk level will remain the same. If there is a policy override, select the appropriate override; the risk level will become very high. If you select a discretionary override, the risk level will increase one level, and you must enter a reason in the box provided.

Policy Overrides (Increases risk level to very high)

Policy override

- Sexual abuse case AND the perpetrator is likely to have access to the child
- Non-accidental injury to a child under age 2
- Severe non-accidental injury
- Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current)

Discretionary Overrides (Increases risk level one level)

Discretionary override

Override Risk Level:

Discretionary Override Reason:**No Overrides (no change to risk level)**

No override

Final Risk Level

The final risk level is: High

Recommended Decision

The recommended decision is: Promote

Planned action: Promote Do not promote

If recommended decision and planned action do not match, explain why:

Supplemental Questions**1. Either caregiver demonstrates difficulty accepting one or more children's gender or sexual orientation.** a. No b. Yes**2. Alleged perpetrator is an unmarried partner of the primary caregiver.** a. No b. Yes**3. Another adult in the household provides unsupervised child care to a child under the age of 3.** a. Not applicable b. No c. YesIs the other adult in the household employed? No Yes**4. Either caregiver is isolated in the community.**

a. No b. Yes

5. Caregiver has provided safe and stable housing for at least the past 12 months.

 a. No b. Yes**Comments****Staff Person Comments:****Supervisor Comments:**

NAME OF AGENCY:	Riverside County DPS	DEPARTMENT/	West Corridor
STREET ADDRESS:			
CITY AND ZIP CODE:	COUNTY: Riverside		
NAME OF SOCIAL WORKER	CASELOAD ID	TELEPHONE	
[REDACTED]	[REDACTED]	[REDACTED]	
EMERGENCY RESPONSE NOTICE OF REFERRAL DISPOSITION			
NAME OF CHILD(REN)		CHILD ID NUMBER	
[REDACTED]		0439-8207-0641-6054804	
[REDACTED]		1637-0430-6545-6041495	
		REFERRAL NUMBER	
		1286-9286-4677-5056090	

The above named family or child was referred by you to this agency for Emergency Response Intervention on: **03/12/2019**

The result of the initial Emergency Response Intervention is:

- Does not meet the State requirements for intervention
- Allegations appear to be unfounded - case closed
- Allegations cannot be substantiated - case closed
- Situation stabilized - case closed
- Family has agreed to voluntary Social Services

Case open for service

(Worker)

(Phone #)

Referred to community agency

(Agency Name)

(Agency Phone #)

Referred to Juvenile Court for Investigation

COMMENTS:

03/22/2019
(Date)

(Caseload Number)

Social Svcs Practitioner III

(Title)

(Telephone Number)

NAME OF AGENCY:	Riverside County DCS Central Intake	DATE: 03/29/2019
STREET ADDRESS:		
CITY AND ZIP CODE:		
NAME OF SOCIAL WORKER:	CASELOAD ID:	TELEPHONE

EMERGENCY RESPONSE REFERRAL INFORMATION

REFERRAL NAME: [REDACTED] REFERRAL NUMBER: 1708-6353-0866-3039760

<input checked="" type="checkbox"/> EVALUATE OUT	<input type="checkbox"/> IMMEDIATE	<input type="checkbox"/> 3 DAY	<input type="checkbox"/> 5 DAY	<input type="checkbox"/> 10 DAY	<input type="checkbox"/> N/A SECONDARY REPORT
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SCREENER INFORMATION

NAME [REDACTED]	TITLE Intake Specialist	DATE 03/28/2019	TIME 11:38am
CASELOAD # [REDACTED]	PHONE NUMBER [REDACTED]	LOCATION Central Intake Center	

ALERTS:

ALERT: EVO-- **This referral is being generated for the purposes of completing the SOC 826 Child Fatality/Near Fatality County Statement of Findings and Information form.

**CRITICAL INCIDENT/CHILD DEATH

LANGUAGE: English

ETHNICITY: White

ICWA ELIGIBILITY: Unknown to caller

ALLEGATIONS: Severe Neglect and Physical Abuse

-On 3/28/19, the [REDACTED] charged father with the murder of [REDACTED] found enough evidence to file charges of first-degree murder
- Additionally, a charge of special circumstance (Torture) was the second offense.

-SAFETY ORGANIZED PRACTICE(SOP)

1. Of all the things we talked about, what worries you the most?

N/A

2. What do you feel needs to happen to keep the children safe?

N/A

3. What would you say is going well with the family?

N/A

VICTIM(S): [REDACTED]

OTHER CHILDREN IN THE HOME: [REDACTED]

OTHER CHILDREN NOT IN THE HOME:

None

HOME ADDRESS: [REDACTED]

LOCATION OF INCIDENT: HOME ADDRESS: [REDACTED]

NAME OF SCHOOL: [REDACTED]

BACKGROUND CHECKS

Referral History: 9

INVESTIGATED BY: [REDACTED] CLOSED: 3/22/19

ALLEGATIONS: G/N

DISPO:

Substantiated

Case History: None Found

-Superior Court Records: Criminal charges/convictions deemed critical to child welfare found. Further confirmation is needed through Judicial Access.

DETERMINED RESPONSE BY: [REDACTED]

CROSS REPORT:

- CWS:
- LE:
- DA:
- CCL:
- CSEC:

NOTIFICATIONS:

REPORTING PARTY INFORMATION: ***CONFIDENTIAL***

CALLER REFERRED TO: None

LAW ENFORCEMENT AGENCY

POLICE REPORT NUMBER

HOME ADDRESS

PHONE NUMBER

ADDRESS COMMENTS

CURRENT LOCATION OF CHILD(REN)

VICTIM INFORMATION

NAME		AKA (if applicable)			SOCIAL SECURITY #	
DOB	AGE	AGE CODE	SEX	ETHNICITY	LANGUAGE	ICWA ELIGIBILITY
[REDACTED]	[REDACTED]	Year(s)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

SCHOOL/DAYCARE NAME

SCHOOL/DAYCARE ADDRESS

ABUSE CATEGORY (See Screener Narrative Attached)

Physical Abuse

Severe Neglect

ALLEGED PERPETRATOR NAME

CASE WORKER NAME (FOR OPEN CASE)

PHONE # (FOR OPEN CASE)

CASELOAD #

OTHERS IN THE HOME

NAME		AKA (if applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE
ROLE	FOR/TO		
Father (Birth)			
CASE WORKER NAME		PHONE #	CASELOAD #

OTHERS IN THE HOME

NAME		AKA (if applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE
ROLE	FOR/TO		
Sister			
CASE WORKER NAME		PHONE #	CASELOAD #

OTHERS NOT IN THE HOME

NAME		AKA (if applicable)	SOCIAL SECURITY #
SEX	DATE OF BIRTH/AGE	LANGUAGE	WORK PHONE
ROLE	FOR/TO		
Mother (Birth)			
ADDRESS			PRIMARY PHONE
Unknown Unknown, California			
CASE WORKER NAME		PHONE #	CASELOAD #

COLLATERAL INFORMATION

NAME			
ROLE	FOR/TO		
ADDRESS			PRIMARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION	

CROSS REPORT INFORMATION

AGENCY	OFFICIAL CONTACTED	TITLE	
ADDRESS	PHONE NUMBER		BADGE NO.
CROSS REPORTED BY		DATE & TIME OF REPORT	

REFERRAL HISTORY

REFERRAL ID 0695-4343-8603-7056091	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 0888-7456-9918-9025626	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 08/18/2017
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 1074-3898-8350-9050188	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 1286-9286-4677-5056090	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 03/12/2019
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION Substantiated Substantiated		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1409-5348-5528-1025626		Victim	09/16/2013
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1391-6923-7439-0052361		Victim	02/06/2018
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION Inconclusive Inconclusive		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1514-9049-1864-5053654		Victim	11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION Inconclusive Inconclusive		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0265-5685-7201-6041495		Victim	03/13/2012
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0238-8219-1038-9045700		Victim	08/18/2017
ALLEGATION TYPE General Neglect General Neglect Physical Abuse	ALLEGATION DISPOSITION Inconclusive Inconclusive Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1547-2635-0269-1018705		Victim	10/22/1999
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0695-4343-8603-7056091		Victim	11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0888-7456-9918-9025626		Victim	08/18/2017
ALLEGATION TYPE Emotional Abuse General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 1074-3898-8350-9050188	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 1286-9286-4677-5056090	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 03/12/2019
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION Substantiated Substantiated		

REFERRAL HISTORY

REFERRAL ID 1409-5348-5528-1025626	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 09/16/2013
ALLEGATION TYPE Physical Abuse	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 1391-6923-7439-0052361	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 02/06/2018
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION Inconclusive Inconclusive		

REFERRAL HISTORY

REFERRAL ID 1514-9049-1864-5053654	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION Inconclusive Inconclusive		

REFERRAL HISTORY

REFERRAL ID 0265-5685-7201-6041495	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 03/13/2012
ALLEGATION TYPE At Risk, sibling abused	ALLEGATION DISPOSITION Unfounded		

REFERRAL HISTORY

REFERRAL ID 0238-8219-1038-9045700	CLIENT NAME [REDACTED]	REFERRAL ROLE Victim	REFERRAL DATE 08/18/2017
ALLEGATION TYPE General Neglect General Neglect Physical Abuse Severe Neglect	ALLEGATION DISPOSITION Substantiated Substantiated Unfounded Inconclusive		

REFERRAL HISTORY

REFERRAL ID 0695-4343-8603-7056091	CLIENT NAME [REDACTED]	REFERRAL ROLE Perpetrator	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect General Neglect	ALLEGATION DISPOSITION		

REFERRAL HISTORY

REFERRAL ID 0888-7456-9918-9025626	CLIENT NAME [REDACTED]	REFERRAL ROLE Perpetrator	REFERRAL DATE 08/18/2017
ALLEGATION TYPE Emotional Abuse General Neglect At Risk, sibling abused		ALLEGATION DISPOSITION	

REFERRAL HISTORY

REFERRAL ID 1286-9286-4677-5056090	CLIENT NAME [REDACTED]	REFERRAL ROLE Perpetrator	REFERRAL DATE 03/12/2019
ALLEGATION TYPE General Neglect General Neglect		ALLEGATION DISPOSITION Substantiated Substantiated	

REFERRAL HISTORY

REFERRAL ID 1391-6923-7439-0052361	CLIENT NAME [REDACTED]	REFERRAL ROLE Perpetrator	REFERRAL DATE 02/06/2018
ALLEGATION TYPE General Neglect General Neglect		ALLEGATION DISPOSITION Inconclusive Inconclusive	

REFERRAL HISTORY

REFERRAL ID 1514-9049-1864-5053654	CLIENT NAME [REDACTED]	REFERRAL ROLE Perpetrator	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect General Neglect		ALLEGATION DISPOSITION Inconclusive Inconclusive	

REFERRAL HISTORY

REFERRAL ID 0265-5685-7201-6041495	CLIENT NAME [REDACTED]	REFERRAL ROLE Perpetrator	REFERRAL DATE 03/13/2012
ALLEGATION TYPE General Neglect At Risk, sibling abused		ALLEGATION DISPOSITION Unfounded Unfounded	

REFERRAL HISTORY

REFERRAL ID 0238-8219-1038-9045700	CLIENT NAME [REDACTED]	REFERRAL ROLE Perpetrator	REFERRAL DATE 08/18/2017
ALLEGATION TYPE General Neglect General Neglect Physical Abuse Physical Abuse Severe Neglect		ALLEGATION DISPOSITION Inconclusive Substantiated Unfounded Unfounded Inconclusive	

REFERRAL HISTORY

REFERRAL ID 0695-4343-8603-7056091	CLIENT NAME [REDACTED]	REFERRAL ROLE Perpetrator	REFERRAL DATE 11/09/2017
ALLEGATION TYPE General Neglect General Neglect		ALLEGATION DISPOSITION	

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1286-9286-4677-5056090		Perpetrator	03/12/2019
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect	Substantiated		
General Neglect	Substantiated		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1391-6923-7439-0052361		Perpetrator	02/06/2018
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect	Inconclusive		
General Neglect	Inconclusive		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
1514-9049-1864-5053654		Perpetrator	11/09/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect	Inconclusive		
General Neglect	Inconclusive		

REFERRAL HISTORY

REFERRAL ID	CLIENT NAME	REFERRAL ROLE	REFERRAL DATE
0238-8219-1038-9045700		Perpetrator	08/18/2017
ALLEGATION TYPE		ALLEGATION DISPOSITION	
General Neglect	Inconclusive		
General Neglect	Substantiated		

REPORTER INFORMATION

NAME	AGENCY OR ORGANIZATION	RELATIONSHIP
ADDRESS		PRIMARY PHONE
		SECONDARY PHONE
CONTACT DATE	CONTACT METHOD	DESCRIPTION

[REDACTED] ANONYMOUS REPORTER

[REDACTED] MANDATED REPORTER

[REDACTED] FAMILY INFORMED

[REDACTED] APPLICATION FOR PETITION

[REDACTED] CONFIDENTIALITY WAIVED

[REDACTED] FEEDBACK REQUIRED



Data to be disclosed pursuant to California Welfare & Institutions Code § 10850.4

- (1.) Age: 8 years Gender: Female Male
- (2.) Child resided with: Parent/Guardian Foster Parent
- (3.) Date of Death: 03/03/19
- (4.) Detail of Child Welfare Services provided [“A description of child protective or other services provided and actions taken by the child welfare agency, and juvenile court if applicable, relating to the deceased child,” Welfare & Institutions Code § 10850.4 (c)(2)(F)]:

Referral # 0238-8219-1038-9045700, date 08/18/17

On 8/22/17, the social worker attempted telephone contact with the mother and left a voicemail. Immediately following, the social worker received a telephone call from the father and spoke to him. The social worker conducted a brief interview with the father. He advised he was presently in a vehicle with the mother and children and unable to discuss the matter.

On 08/23/17, the social worker spoke with the reporting party.

On 08/24/17, the social worker conducted an in-person interview with the child at school. On 08/24/17, the social worker consulted with the supervisor. The supervisor advised the social worker to contact Law Enforcement to assist. On 08/24/17, the social worker requested law enforcement assistance at the school.

On 08/24/17, the social worker conducted a conjoint interview with law enforcement and interviewed the mother and father separately.

On 08/24/17, the family was provided with a copy of Pub. 13-“Your Rights” pamphlet, Service Referral Laminate (SRL), and a business card.

On 08/24/17, the social worker completed a Structured Decision Making (SDM) Safety Assessment.

On 08/25/17, Law Enforcement and a social worker attempted in person contact at the father’s residence, however, he refused and advised he was unavailable. Further, the father declined the forensic interview for the child.

On 08/28/17, the social worker spoke with the father via telephone. On 08/28/17, the social worker left a voicemail for the mother and subsequently received a missed call from the father.

On 08/29/17, the social worker staffed the investigation with the supervisor.

On 09/05/17, the social worker attempted contact with the assigned Detective. On 09/06/17, the social worker received a voicemail from the Detective and was informed the criminal investigation closed.

On 09/06/17, the reporting party called the hotline requesting to speak with the social worker. The reporting party was transferred to the assigned social worker’s voicemail.

On 09/06/17, the social worker staffed the matter with the supervisor and it was determined the referral would be closed.

On 09/11/17, the social worker left a voicemail for the reporting party.

On 09/13/17, the social worker conducted an SDM Risk Assessment.

Referral # 1514-9049-1864-5053654 (Primary referral), date 11/09/17

On 11/09/17, the Department received three referrals. On 11/21/17, 11/22/17, and 11/28/17 the social worker and Law Enforcement attempted contact at the family residence.

On 11/29/17, the social worker spoke with the father via telephone.

On 11/29/17, the social worker spoke with a reporting party, and left a message for another reporting party.

On 11/30/17, the social worker left a voicemail for a reporting party.

On 12/07/17 and 12/08/17, the social worker left voicemails for the mother.

On 12/07/17, the social worker spoke with a reporting party via telephone.

On 12/11/17, the social worker spoke briefly with the mother.

On 12/14/17, the investigation closed citing the parent's refusal to cooperate.

Referral # 1391-6923-7439-0052361, dated 02/06/18

On 02/15/18, the supervisor consulted with the social worker and provided written directives.

On 02/15/18, the social worker conducted an in-person contact with the child at school.

On 2/15/18, the social worker conducted in person contact with a reporting party from the 11/09/17 referral.

On 02/15/18, the social worker conducted an unannounced visit at the father's home and spoke briefly with the father. The social worker offered to provide housing resources for the mother.

On 02/15/18, the social worker completed an SDM Safety Assessment.

On 2/26/18, 02/27/18, and 03/02/18, the social worker left voicemails for the mother requesting a call back.

On 03/02/18, the social worker contacted the father via telephone.

On 03/02/18, the social worker left a voicemail for the reporting party.

On 03/05/18, the social worker conducted an in-person staffing with the supervisor.

On 03/15/18, the social worker completed an SDM Risk Assessment.